Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

<u>~</u>	ror tr	ne zuzz cale	indar year, or tax year beginning 04/01/2022 and ending			03/31/				
В	Check H	applicable:	C Name of organization		D Em	ployer iden	tification nu	IW DOL		
_	-,		AMERICAN CIVIL LIBERTIES UNION, INC.				*.			
	Addre	ess charge	Doing business as			-387136				
_	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	toom/suite	E Tek	sbhous unu	iber			
_	→) return	125 BROAD STREET, 18TH FLOOR		(2:	(212) 549-2500				
1_	-1	return/termineted	City or town, state or province, country, and ZIP or foreign postal code		G Gro	es receipts	\$			
L	-		NEW YORK, NY 10004			180	,809,94	13.		
L.	Applic	cation pending	F Name and address of principal officer: ANTHONY D. ROMERO	H	(4) is this a group subordinates?	return for	Yes	X No		
			SAME AS "C" ABOVE	• н	(b) Are all subord	inetes includes?	Yes	No		
<u></u>	Tax-e	xempt status:	501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 52	27	If "No," at	tach a list, Sec	e instructions,			
J	Webs	site: WW	W.ACLU.ORG	H	(c) Group exemp	otion number				
K	Form	of organizatio	n: X Corporation Trust Association Other L. Year o	of formation	: 1920 M	State of leg	al domicile:	DC		
F	art I	Summ	ary							
	1	Briefly des	cribe the organization's mission or most significant activities: PRESERVATION	AND F	ROMOTIO	OF				
8		CIVIL	RIGHTS AND CIVIL LIBERTIES.							
Governance										
Ver	2	Check this	box if the organization discontinued its operations or disposed of r	more tha	n 25% of	ts net a	ssets.			
		Number of	voting members of the governing body (Part VI, line 1a)			3		71		
≈ 5	4	Number of	independent voting members of the governing body (Part VI, line 1b)			4		71		
≝	5	Total numi	per of individuals employed in calendar year 2022 (Part V, line 2a),			5		364		
Activities &	6	Total numb	per of volunteers (estimate if necessary)			6		78		
×	7a		ated business revenue from Part VIII, column (C), line 12			7a	23	,767.		
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11			7b	17	,586.		
				1	Prior Year		Current Y	ear		
	8	Contributio	ns and grants (Part VIII, line 1h)	15	8,697,43	38. 1	45,449	,342.		
ž	9		ervice revenue (Part VIII, line 2g)		N	ONE		NONE		
Revenue	10	_	income (Part VIII, column (A), lines 3, 4, and 7d).		2,443,5	78.	296	,068.		
	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,009,9			,464.		
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,150,93		46,699			
	13		similar amounts paid (Part IX, column (A), lines 1-3)		5,023,13		10,517			
	14		id to or for members (Part IX, column (A), line 4)			ONE .	······································	NONE		
	12-		her compensation, employee benefits (Part IX, column (A), lines 5-10).	31,373,2	69.	30,891				
Expenses	46-		at fundraising fees (Part IX, column (A), line 11e)		5,665,8		6,783			
툂	10a		aising expenses (Part IX, column (D), line 25) 12,781,588.	` 	-,					
Ä	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	11	0,804,2	77. 1	. 126,328,550.			
	1		ises. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,866,5		74,521			
	18		ss expenses. Subtract line 18 from line 12.		-715,6		27,821			
გ 🖁	19	Measure te	55 expenses. Subtract line to nonline 12.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		ng of Current	 -	End of Ye			
# S	20	T-1-11	/ / / / / / / / / / / / / / / / / / /	<u> </u>	18,780,5		81,410			
	20	Total Babill	s (Part X, line 16)		2.729.4		41,757			
3	21	LOTAL HADIN	ges (Pan A, line 20), , , , , , , , , , , , , , , , , , ,	· — -	6,051,1	· · ·	139,652			
		Net assets	or fund balances. Subtract line 21 from line 20		,0,001,1	20.1	27,002	,010.		
1.1-	art II	nables of sad	the latest that I have exemped the rature, including accompaning schedules and states	ments, and	d to the best o	f my know	ledge and h	alief It Is		
tru	e, corre	ect, and comp	ete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any kno	wiedge.	,				
						04/202				
Sig	ın	Signature of	offices / /		Date	04/202	.3			
He	re			•						
	``		AA T. WILLIAMS COO				•			
_		<u>, , , , , , , , , , , , , , , , , , , </u>	name and title Date December's signature Date		1.01	PTIN				
Pak	d	L	The Corter	4 /0000	Check self-emplo	-3 "		•		
	- parer		TAKA COOKS 125, C	4/2023			1281186			
	Only		· · · · · · · · · · · · · · · · · · ·		Firm's EIN		381590			
		Firm's addre			Phone no.		<u>-885-80</u>			
			s this return with the preparer shown above? See instructions			<u> </u>	Yes	No		
For	Pape	rwork Redu	ction Act Notice, see the separate instructions.				Form 99	U (2022)		

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Pa	art III		ervice Accomplishments tains a response or note to any line in th	nie Dart III	х
1	•	lescribe the organization's		iis Fait III	<u>. A</u>
	SEE SO	CHEDULE O			
2			ny significant program services during		
	prior Fo If "Yes,"	rm 990 or 990-EZ? describe these new service	es on Schedule O.		Yes X No
3	services	?	ducting, or make significant change		
4	Describe expense	es. Section 501(c)(3) and	n Schedule O. ram service accomplishments for eact 501(c)(4) organizations are required any, for each program service reported	to report the amount of grants and	
4a	(Code: SEE SO) (Expenses \$_CHEDULE O	78,951,114. including grants of \$	3,274,988.) (Revenue \$	NONE_)
4b	(Code: SEE SO) (Expenses \$_CHEDULE O	39,684,512. including grants of \$	54 , 923.) (Revenue \$	NONE_)
4c	(Code: SEE SO) (Expenses \$_CHEDULE O	24,316,921. including grants of \$	7,087,501.) (Revenue \$	NONE_)
4d	Other p	rogram services (Describe	•	evenue \$ 636,660.)	
4e	<u> </u>	ogram service expenses	150,853,864.		

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	Χ	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Χ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Χ	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Χ	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Χ	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Χ	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	V	

Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		V	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Form 990 (2022) Page **5**

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 364			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		v
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
10	If "Yes," complete Form 4720, Schedule O.			2.7
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

RICAN	CIVIL	LIBERTIES	UNION,	INC.				13-	-3	87	1360)		Page	6	
		_				_	 -						-			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "	"NO"
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction	
Check if Schedule O contains a response or note to any line in this Part VI	Χ

Soot	ion A. Coverning Body and Management		• •	Λ
Seci	ion A. Governing Body and Management		Yes	No
	4- 71		163	140
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 71	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	\vdash		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	37	X
6	Did the organization have members or stockholders?		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70	Х	
	one or more members of the governing body?	7a	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.	37	
_	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Χ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Χ	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CHARIZMA T. WILLIAMS 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	ls		

212-549-2500

Form 990 (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANTHONY D. ROMERO	26.00									
EXECUTIVE DIRECTOR/CEO	14.00			Х				695,560.	NONE	244,752.
(2) DOROTHY M. EHRLICH	26.00			Λ				093,300.	NONE	244,752.
DEPUTY EXECUTIVE DIRECTOR	14.00			X				535,950.	NONE	285,415.
(3) TERENCE R. DOUGHERTY	26.00			21				333,330.	110111	2007110.
DEP EXEC DIR. OPS/GEN. COUNSEL	14.00			Х				514,989.	NONE	53,155.
(4) KARY L. MOSS	6.00			<u> </u>				011/3031	110112	33,133.
DIR AFF SUPPORT & NATION. INIT	34.00				X			NONE	482,663.	78,317.
(5) RONALD NEWMAN	34.00								,	,
NAT'L POLIT DIR (THRU 3/15/22)	6.00				X			518,774.	NONE	16,986.
(6) MARK V. WIER	6.00							,		
CHIEF DEVELOPMENT OFFICER	34.00				X			NONE	481,658.	25,638.
(7) DAVID D. COLE	6.00									
NATIONAL LEGAL DIRECTOR	34.00				Х			NONE	460,588.	23,464.
(8) REBECCA LOWELL EDWARDS	14.00									
CHIEF COMMUNICATIONS OFFICER	26.00				Х			NONE	442,457.	23,156.
(9) CHARIZMA T. WILLIAMS	26.00									
COO (&CFO THRU 1/31/23)	14.00			Х				419,928.	NONE	36,105.
(10) SOPHIA K. GOLDMACHER	26.00									
CHIEF PEOPLE OFFICER	14.00					Х		350,722.	NONE	56,704.
(11) AMBER HIKES	26.00									
DEP EXEC DIR STRATEGY&CULTURE	14.00			Х				363,055.	NONE	25,603.
(12) AMARDEEP SINGH	26.00									
CHIEF INFORMATION OFFICER	14.00					X		298,620.	NONE	53,245.
(13) ESETE ASSEFA	40.00									
CHIEF POLITICAL ADVISORY	NONE					X		283,350.	NONE	27,389.
(14) STEPHANIE WECHT	26.00									
DEPUTY CHIEF OPERATING OFFICER	14.00					X		255,671.	NONE	41,257.

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Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not cl	Pos heck	C) sition more	e that both Highest compensated	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amoul othi compen from organiz and re organiz	ated int of er sation the cation lated
		stee	ustee			ensated					
15) ELIZABETH BRADFORD	40.00										
CO-CHIEF CORPROATE COUNSEL	NONE					Х		234,019.	NONE	1	4 , 345.
16) DEBORAH ARCHER	3.00										
DIRECTOR/PRESIDENT	3.00	Х		Χ				NONE	NONE		NONE
17) ROBERT REMAR	4.50										
DIRECTOR/VP, TREASURER	5.00	X		Х				NONE	NONE		NONE
18) CHARU VERMA	2.00										
DIRECTOR/VP AS OF 4/1/22	3.00	X		Х				NONE	NONE		NONE
19) GRACE CHAN	2.00										
DIRECTOR/SECRETARY	3.50	X		Х				NONE	NONE		NONE
20) TRACI GRIFFITH	2.50										
DIRECTOR/SECRETARY THRU 7/1/22	2.50	X		Х				NONE	NONE		NONE
21) JEFFREY HONG	3.00										
DIRECTOR/SECRETARY	3.00	X		Х				NONE	NONE		NONE
22) RONALD CHEN	3.00_										
DIRECTOR/GENERAL COUNSEL	3.50	X		Х				NONE	NONE		NONE
23) SHAAKIRRAH SANDERS	2.00										
DIRECTOR/GENERAL COUNSEL	2.00	X		Х				NONE	NONE		NONE
24) RONALD TYLER	2.50										
DIRECTOR/GENERAL COUNSEL	3.00	X		Х				NONE	NONE		NONE
25) WILLIAM ACEVES											
DIRECTOR	3.00							NONE			NONE
1b Sub-total								4,470,638.	1,867,366.		5 , 531.
c Total from continuation sheets to Part VII,	-							NONE			NONE
d Total (add lines 1b and 1c)									1,867,366.	1,00	5,531.
2 Total number of individuals (including but no reportable compensation from the organization)		hose	liste	d a		e) who 40	o re	ceived more than	\$100,000 of		
										Y	es No
3 Did the organization list any former off	icer, directo	or, or	tru	ıste	e,	key e	emp	loyee, or highest	compensated		
employee on line 1a? If "Yes," complete Sche						-		•	•	3	
4 For any individual listed on line 1a, is the											
organization and related organizations g											

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than o is both tor/trus	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) CHELSI ACOSTA	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
27) ANDREW ALEMAN DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
28) LI YUN ALVARADO	3.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
29) PATRICK ANDERSON	2.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
30) BRUCE BARRY	2.50									
DIRECTOR	NONE	X						NONE	NONE	NONE
31) COLEMAN BAZELON	2.00	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
32) JILLIAN BREVORKA	2.00	-								
DIRECTOR (THRU 10/14/22)	NONE	X						NONE	NONE	NONE
33) MICHELLE BROWN-YAZZIE	2.50									
DIRECTOR	NONE	X						NONE	NONE	NONE
34) FRANK CALABRESE	2.00	∤								
DIRECTOR (THRU 5/15/22)	NONE	X						NONE	NONE	NONE
35) MICHAEL CARTER	2.00	.,						NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
36) RUTH COLKER	2.50	٠						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11011
DIRECTOR	NONE	Х					<u> </u>	NONE	NONE	NONE
1b Sub-total							•			
c Total from continuation sheets to Part VII, S	_									
d Total (add lines 1b and 1c)							<u> </u>		Φ400 000 · f	
2 Total number of individuals (including but not reportable compensation from the organizatio		nose	ııste	a a	NOA	e) wn	o re	ceived more than	φιυυ,υυι φ	
Toportable compensation from the organization										Vos No

			res	INO
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes" complete Schedule I for such person	5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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	Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plc	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	d)	
	(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	othe							
_		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the anization of related inization	n I
_	37) GARCIA CYNTHIA	2.50											
_	DIRECTOR (AS OF 10/14/22)	NONE	X						NONE	NONE			NON
_	38) CHERIE DAWSON-EDWARDS	2.50	.,						NONE	NONE			NT
_	DIRECTOR 39) LETICIA DE LA VARA	2.00	X						NONE	NONE			NON
_	DIRECTOR (THRU 1/27/23)	NONE	X						NONE	NONE			NONI
	40) MELANIE DEAS	2.00	21						INOINE	110111			110111
_	DIRECTOR	NONE	X						NONE	NONE			NON
_	41) DARLENE ENGLISH	2.50											
	DIRECTOR	NONE	Х						NONE	NONE			NON
(42) SUSAN ESTES	2.50											
_	DIRECTOR	NONE	X						NONE	NONE			NON
_	43) NANCY FANNON	2.50											
_	DIRECTOR	NONE	X						NONE	NONE			NONI
_	44) ANNE FARMER DIRECTOR (AS OF 5/5/22)	2.00 NONE	X						NONE	NONE			NONI
_	45) KIM FERGUSON DIRECTOR (AS OF 5/5/22)	2.00 NONE	Х						NONE	NONE			NON
	46) TIM FOX DIRECTOR	2.50 NONE	X						NONE	NONE			NONI
_	47) BRUCE GILCHRIS	2.00											
_	DIRECTOR	NONE	X						NONE	NONE			NON
_	1b Sub-total	ection A	· · ·	· ·	 			> >					
-	2 Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
												Yes	No
;	3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3		
	4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	? If	"Yes	3, "	complete Schedu	le J for such	4		
;	5 Did any person listed on line 1a receive or												
-	for services rendered to the organization? If "Yo	es," comple	te Scl	nedu	ıle J	l for	such	per	rson		5		
_	Section B. Independent Contractors 1 Complete this table for your five highest comcompensation from the organization. Report of												

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	Higl	hest Compensat	ed Employees (a	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	hours per (do not ch week (list any box, unles		heck ss pe	rson	is both	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
48) AIGNE GOLDSBY	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
49) DAX GOLDSTEIN	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
50) MICHELE GOODWIN	2.50									
DIRECTOR (THRU 5/5/22)	2.50	X						NONE	NONE	NONE
51) ANNE GORDON	2.50									
DIRECTOR (AS OF 10/14/22)	3.50	X						NONE	NONE	NONE
52) CLAUDIA GORDON	2.50									
DIRECTOR (AS OF 10/14/22)	NONE	X						NONE	NONE	NONE
53) GAVIN GRIMM	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
54) GREG HASTY	2.50									
DIRECTOR	2.50	X						NONE	NONE	NONE
55) ASHLEY HEILPRIN	2.50									
DIRECTOR (AS OF 1/27/23)	NONE	X						NONE	NONE	NONE
56) MARINA HSIEH	2.50									
DIRECTOR (AS OF 1/27/23)	NONE	X						NONE	NONE	NONE
57) NADIA HUSSAIN	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
58) KATHRYN JAKABCIN	2.00									
DIRECTOR (AS OF 5/5/22)	NONE	X						NONE	NONE	NONE
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A	: : : : : :		 		 	► o re	ceived more than	\$100,000 of	
Toportable compensation from the organization	·· •									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, T	rustees. Ke	ev Em	olar	ve	es.	and I	Hial	hest Compensat	ed Employees (c	Page 8
(A)	(B)	<u> </u>	·p·c	_	C)	una i	9	(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck	sition more	e than of is both or/trust Highest compensated employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
			lee			sated				
59) KIM JORDAN	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
60) DONITA JUDGE	3.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
61) SAMEENA KARMALLY	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
62) ALONZO KELLY	2.00								3.03	
DIRECTOR	NONE	X						NONE	NONE	NONE
63) CHYDON KALE	2.50							110112	110112	110112
DIRECTOR	NONE	X						NONE	NONE	NONE
64) MARILYN LANTZ	2.00	21						110111	IVOIVE	INOINE
DIRECTOR	NONE	X						NONE	NONE	NONE
65) EDWIN LOPEZ-SOTO	2.00	21						INOINE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
66) CAROLYN LOVE	2.00							NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
67) CAROLYN MANNIS	3.00							NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
68) GUADALUPE MARROQUIN	2.00	Λ.						NONE	NONE	NONE
	-+	- V						NONE	NONE	NONE
DIRECTOR	NONE	X						NONE	NONE	NONE
69) PAUL MCKEAN	<u>2.00</u>	.,						NONE	NONE	NONE
DIRECTOR	NONE	X					<u> </u>	NONE	NONE	NONE
to Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A ot limited to t						o re	eceived more than	\$100,000 of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations (individual	greater than	\$15	50,0	00?	P If	"Yes	3, "	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive of for services rendered to the organization? If	or accrue co	mpen	sati	on '	fron	n any	un	related organization	on or individual	5
Section B. Independent Contractors										
1 Complete this table for your five highest co										

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	yee	es,	and I	lig	hest Compensat	ed Employees (c	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	erage Position Reportable Reportable urs per (do not check more than one box, unless person is both an officer and a director/trustee) erage Position Reportable compensation from related						Reportable compensation from	Est ame	(F) imated ount of ther ensati	f	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nizatio related nization	d
70) JAMES METZGER	2.50											
DIRECTOR	NONE	X						NONE	NONE			NONE
71) ANIL MUJUMDAR	2.00	.,						NONE	NONE			NIONIT
DIRECTOR 700 CALL POPOLOGY	2.50	X						NONE	NONE			NONE
72) GAIL PODOLSKY DIRECTOR	2.50 NONE	X						NONE	NONE			NONE
73) LORELLA PRAELI	2.00	A						NONE	NONE			NONE
DIRECTOR	NONE	X						NONE	NONE			NONE
74) LISA RASMUSSEN	2.00	Λ						NONE	NONE			INOINI
DIRECTOR	NONE	X						NONE	NONE			NONE
75) SUK RHEE	2.00	21						INOINE	NONE			IVOIVI
DIRECTOR	NONE	X						NONE	NONE			NONE
76) ANDREA SAENZ	2.00	21						110111	110111			110111
DIRECTOR	NONE	X						NONE	NONE			NONE
77) AMER SAJED	2.00											
DIRECTOR	NONE	X						NONE	NONE			NONE
78) ERIC SCHNEIDER	2.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
79) IVAN SEGURA	2.50											
DIRECTOR	NONE	Х						NONE	NONE			NONE
80) KARA SIMARD	2.00											
DIRECTOR	NONE	Х						NONE	NONE			NONE
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio	ection A						> re	eceived more than	\$100,000 of			
Teportable compensation from the organization											Yes	No
3 Did the organization list any former offic	er directo	or or	tru	iste	_	kev e	mn	Novee or highes	t compensated		103	110
employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab	ole c 50,00	om 00?	per	satio	n aı s,"	nd other compens	sation from the le J for such	4		
5 Did any person listed on line 1a receive or	accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual	-		
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	le J	for	such	per	son		5		
Complete this table for your five highest component compensation from the organization. Report of year.												

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pe l a d	ition more rson irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
81) ERIC SMAW	2.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
82) DARON SMITH	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
83) AMBER CYPHERS STEPHENS	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
84) JACOB RAIFORD	2.50									
DIRECTOR (AS OF 1/27/23)	NONE	X						NONE	NONE	NONE
85) PEGGY STRINE	2.50									
DIRECTOR (THRU 5/5/22)	NONE	Х						NONE	NONE	NONE
86) CONNIE TCHENG	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
87) LOUIS THOMAS	2.00									
DIRECTOR	NONE	X						NONE	NONE	NONE
88) HEIDI TSEU	2.00									
DIRECTOR (THRU 10/14/22)	NONE	X						NONE	NONE	NONE
89) GABRIELLE UBALLEZ	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
90) SANDY VOPALKA	2.00									
DIRECTOR	NONE	Х						NONE	NONE	NONE
91) RON WILSON	2.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	<u> </u>	· · ·	· · ·		 	 	> >	ecaived more than	\$100,000 of	
reportable compensation from the organization		11030	113100			- WIII			ψ 100,000 OI	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete School										3
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,00	00?	. If	"Yes	5, "	complete Schedu	le J for such	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Form	AMERICAN n 990 (2022)	N CIVIL	TIBE	KT.	TES	i U	NION	,	INC.	13-38/1	360 Page 8
_	art VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	ve	es.	and I	Hial	hest Compensat	ed Employees (d	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not cl	Pos heck	c) sition more	e than to the state of the stat	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
) TROOP WING	2 00		Ф			ated				
	2) JESSE WING	3.00 NONE	- V						NONE	NONE	NONE
	RECTOR	NONE	X						NONE	NONE	NONE
	3) YOMI WRONG	2.50 NONE							NONE	NONTE	NONE
	RECTOR	NONE	X						NONE	NONE	NONE
	EDECTOR (TURN 10 (14 (22)	2.00 NONE	.,						NONE	NONE	NONE
	RECTOR (THRU 10/14/22)	NONE	X						NONE	NONE	NONE
	(AS OF 2/1/2023)	26.00 14.00			Х				NONE	NONE	NONE
C	Sub-total Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A limited to t	: : :	 	 		· · ·	> > > > > > > > > > > > > > > > > > >	ceived more than	\$100,000 of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4	For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab \$15	le d 50,0	om 00?	per <i>If</i>	satioi "Yes	n ai	nd other compens complete Schedu	sation from the le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "You take the property of the Parties Parties of the property of the person of t										5 X
_	ection B. Independent Contractors						t *		L - 4	н	•
1	Complete this table for your five highest comcompensation from the organization. Report of year.										

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 81 81

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rai	t VIII				espor	nse or note to ar	ny line in this Part V	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
i, S	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	106,711,091.				
اِعٌ ق	С	Fundraising events			1c					
rs, FA,	d	Related organizations .			1d					
اڃَق	е	Government grants (co			1e					
Sin's	f	All other contributions,		′						
흕		and similar amounts not in	nclude	d above .	1f	38,738,251.				
들된	g	Noncash contributions	inclu	ded in						
ᅙ		lines 1a-1f			1g :	\$ 353,643.				
ĕ ö	h	Total. Add lines 1a-1f					145,449,342.			
						Business Code				
<u>ප</u>	2a									
Program Service Revenue	b									
en S	С									
ran ev	d	-								
90 E	е									
- ਜ	f	All other program servi	ce rev	enue						
	g	Total. Add lines 2a-2f					NONE			
	3	Investment income ((inclu	ding divid	ends,	interest, and				
		other similar amounts).					1,025,033.		23,767.	1,001,266.
	4	Income from investme		•		•	NONE			
	5	Royalties					10,758.			10,758.
				(i) Re	aı	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses								
	С	Rental income or (loss)			NONE	l				
	_d	Net rental income or (lo	oss).	I			NONE			
	7a	Gross amount from		(i) Secui	lues	(ii) Other				
		sales of assets	_	22.20	1 104					
		other than inventory	7a	33,30	1,104.					
evenue	b	Less: cost or other basis	7h	3/1 11	0,069.					
Š	•	and sales expenses	7b 7c		8,965.					
	c d	Gain or (loss) [Net gain or (loss)					-728,965.			-728,965.
Other R	_	- , ,					1257555			120,000
ŏ	8a	Gross income from events (not including \$		unuraising						
		of contributions rep		on line						
		1c). See Part IV, line 18			. 8a	NONE				
	b	Less: direct expenses				NONE				
	c	Net income or (loss) fr			-	<u></u>	NONE			
	9a	Gross income f	rom	gaming						
		activities. See Part IV, li				NONE				
	b	Less: direct expenses			9b	NONE				
	С	Net income or (loss) fi					NONE			
	10a	Gross sales of in	nvent	ory, less						
		returns and allowances		•		NONE				
	b	Less: cost of goods sold	d		10b	NONE				
	С	Net income or (loss) from	om sa	les of inven	tory		NONE			
Sn						Business Code				
ne ge	11a	AFFILIATE FEE FOR SEI	RVICE			900099	636,660.	636,660.		
llar en	b	LIST RENTALS				900099	209,546.			209,546.
Miscellaneous Revenue	С	MISCELLANEOUS INCOME				900099	97,500.			97,500.
<u> </u>	d	All other revenue								
	<u>e</u>	Total. Add lines 11a-11	1d .				943,706.		00	500.40-

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,			(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		охроносс	допогаг охропосо	окропосо
•	and domestic governments. See Part IV, line 21	10,517,412.	10,517,412.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	1,714,737.	1,028,373.	581,730.	104,634.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	NONE	15,882,117.	2 005 002	000 604
	Other salaries and wages	19,877,603. 4,792,643.	2,905,658.	3,005,802. 1,698,412.	989,684. 188,573.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,964,245.	1,845,869.	1,022,359.	96,017.
10	Payroll taxes	1,542,332.	935,409.	542,605.	64,318.
11	Fees for services (nonemployees):	NONE			
	Management	NONE 766,583.	304,289.	460,649.	1,645.
	Legal	302,711.	304,209.	302,711.	1,045.
	Accounting	NONE		302,711.	
	Lobbying Professional fundraising services. See Part IV, line 17.	6,783,845.			6,783,845.
	Investment management fees	470,832.		470,832.	27 10070101
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
J	(A), amount, list line 11g expenses on Schedule O.)	18,383,478.	16,951,626.	869,568.	562,284.
12	Advertising and promotion	15,035,070.	13,080,511.	300,701.	1,653,858.
13	Office expenses	4,900,292.	4,018,240.	441,026.	441,026.
14	Information technology	2,523,617.	1,867,476.	403,779.	252 , 362.
15	Royalties	NONE			
16	Occupancy	1,430,733.	1,206,642.	199,707.	24,384.
17	Travel	301,220.	244,789.	43,670.	12,761.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	NONE 505,267.	262,347.	188,511.	5.4.400
19	Conferences, conventions, and meetings	NONE	202,347.	100,311.	54,409.
20 21	Interest	NONE			
22	Depreciation, depletion, and amortization	893,528.	686,758.	98,742.	108,028.
23	Insurance	189,047.	155,019.	17,014.	17,014.
24	Other expenses. Itemize expenses not covered			, ,	,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
	SHARED PORTION OF CONTRIBUTI	58,833,160.	58,833,160.		
	POSTAGE AND SUPPLIES	13,413,844.	12,068,203.	4,839.	1,340,802.
	SHARED PORTION OF BEQUEST	4,833,730.	4,833,730.		
	SPECIAL AFFILIATE SUBSIDIES	3,151,000.	3,151,000.	222 252	05.00
	All other expenses	394,438.	75,236.	233,258.	85,944.
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	174,521,367.	150,853,864.	10,885,915.	12,781,588.
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Tollowing SOF 30-2 (ASC 300-720)				5 000 (2222)

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		29,036,926.	1	21,632,541.
	2	Savings and temporary cash investments	[1,652,979.	2	1,688,549.
	3	Pledges and grants receivable, net	[20,059,467.	3	12,508,969.
	4	Accounts receivable, net	[NONE	4	NONE
	5	Loans and other receivables from any current or former officer, d				
		trustee, key employee, creator or founder, substantial contributor,				
		controlled entity or family member of any of these persons		NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as				
		under section 4958(f)(1)), and persons described in section 4958(c)(NONE	6	NONE
ß	7	Notes and loans receivable, net		NONE		NONE
Assets	8	Inventories for sale or use		NONE		NONE
As	9	Prepaid expenses and deferred charges		907,438.	9	2,296,050.
	_	Land, buildings, and equipment: cost or other		3017130.		2/230/0001
	100		31,284.			
	h	•	3,530.	291,037.	100	257,754.
	11	Investments - publicly traded securities		49,163,536.	11	44,466,786.
	12	Investments - other securities. See Part IV, line 11	F	62,874,411.	12	62,152,919.
	13	•	F	NONE		NONE
	14	Investments - program-related. See Part IV, line 11		1,805,702.		1,217,223.
		Intangible assets			14	
	15	Other assets. See Part IV, line 11	Г	52,989,032.	15	35,189,907.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		218,780,528.	16	181,410,698.
	17	Accounts payable and accrued expenses		13,987,920.	17	10,371,136.
	18	Grants payable		1,967,433.	18	2,047,433.
	19	Deferred revenue		NONE		NONE
	20	Tax-exempt bond liabilities		NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	-	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, d				
Ĭ		trustee, key employee, creator or founder, substantial contributor,				
jak		controlled entity or family member of any of these persons	-	NONE		NONE
_	23	Secured mortgages and notes payable to unrelated third parties	-	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	F	NONE	24	NONE
	25	Other liabilities (including federal income tax, payables to relate				
		parties, and other liabilities not included on lines 17-24). Complete				
		of Schedule D	-	36,774,047.	25	29,339,314.
	26	Total liabilities. Add lines 17 through 25		52,729,400.	26	41,757,883.
JCes		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
alai	27	Net assets without donor restrictions		148,982,119.	27	116,439,718.
Ä	28	Net assets with donor restrictions	<u></u> [17,069,009.	28	23,213,097.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current funds	[29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds	-		31	
et /	32	Total net assets or fund balances		166,051,128.	32	139,652,815.
ž	33	Total liabilities and net assets/fund balances		218,780,528.	33	181,410,698.
				,		Form 990 (2022)

Form **990** (2022)

JSA

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Form 990 (2022) Page **12**

Part :	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>874</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	4,5	21,	<u>367</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	7,8	21,	<u>493</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	6,0	51,	<u>128</u> .
5	Net unrealized gains (losses) on investments	5	_	5,5	03,	<u>700</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		6 , 9	26 ,	<u>880</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	13	9,6	52 ,	<u>815</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis		_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	37	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			20	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
_	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			3a		v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			эa		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	uits .		งม		

Form **990** (2022)

0985VD 702V 24

Schedule B (Form 990)

Attach to Form 990 or Form 990-PF.

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for the latest information.

_		
AMERICAN CIVIL LIBE	CRTIES UNION, INC.	13-3871360
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\mathbb{X}}$ 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a prival	vate foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, or property) from any one contributor. Complete Parts I and II. See in contributions.	
Special Rules		
regulations under 16b, and that rece	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Foreived from any one contributor, during the year, total contributions of the bunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Comp	orm 990), Part II, line 13, 16a, or the greater of (1) \$5,000; or
contributor, durinç literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eg the year, total contributions of more than \$1,000 exclusively for religitional purposes, or for the prevention of cruelty to children or animals. (b) instead of the contributor name and address), II, and III.	ious, charitable, scientific,
contributor, during contributions total during the year fo General Rule appl	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-Eq the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contributions are exclusively religious, charitable, etc., purpose. Don't complete any lies to this organization because it received nonexclusively religious, charmore during the year	oses, but no such ributions that were received y of the parts unless the naritable, etc., contributions
=	at isn't covered by the General Rule and/or the Special Rules doesn't V, line 2, of its Form 990; or check the box on line H of its Form 990-E	

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Employer identification number

13-3871360

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$ 10,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$ \$ 862,408.	Person X

Name of organization Employer identification number

AMERICAN CIVIL LIBERTIES UNION, INC. 13-3871360

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9_	N/A	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$ 395,029.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	d.
---	----

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$331,291.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$250,782.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$ 225,227.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$204,965.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
--	--------	----------------------------------	--------------------------------	--------------------------------

		1	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$198,386.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$171,720.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$162,959.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$156 , 927.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$156,819.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$148,224.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30_	N/A	\$147,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$142,045.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$121,505.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$112,362.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$108,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$107,143.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$106,459.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	N/A	\$100,002.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	N/A	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42	N/A	\$98,682.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$96,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44_	N/A	\$95,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$89 , 665.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$ 87,147	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$87,054.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$ 85,193.	Person X Payroll Noncash

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
49	N/A	\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
50	N/A	\$82,483.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
51	N/A	\$76,513.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
53	N/A	\$66,136.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
54_	N/A	\$64,701.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number 13-3871360

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	N/A	\$63,830.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	N/A	\$62,556.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	N/A	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	N/A	\$58,316.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59	N/A	\$57,635.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
62	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
63	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
64	N/A	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
65	N/A	\$47,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
66	N/A	\$43,783.	Person X Payroll Noncash

Schedule B (Form 990) (2022)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	N/A	\$43 , 448.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	N/A	\$40,881.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	N/A	\$40,560.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	N/A	\$38,418.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	N/A	\$37,845.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	N/A	\$35,738.	Person X Payroll Noncash (Complete Part II for

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
73	N/A	\$35,439.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
74	N/A	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
75	N/A	\$34,709.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
76	N/A	\$31,368.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
77	N/A	\$30,759.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
78	N/A	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number
13-3871360

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<u>N/A</u>	\$22,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	N/A	\$22,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	N/A	\$21,104.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Name, address, and ZIP + 4 N/A	\$20,000.	
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
88 (a)	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 88 (a) No.	N/A (b) Name, address, and ZIP + 4	\$ 20,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Schedule B (Form 990) (2022)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
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(a)	/b\	(0)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
91_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93_	N/A	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	N/A	\$19,580.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96_	N/A	\$18,515.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97	N/A	\$17,940.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
98	N/A	\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
99	N/A	\$17,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
100	N/A	\$16,322.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
101	N/A	\$15,612.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
102_	N/A	\$15,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

13-3871360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
103	N/A	_ \$15,525. _	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
104	N/A	_ \$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
105	N/A	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
106_	N/A	\$15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
107	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
108	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	N/A	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	N/A	\$14,421.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	N/A	\$14,010.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	N/A	\$ 13,943.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	N/A	\$12,221.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	N/A	\$11,554.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115_	N/A	\$11,455.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116_	N/A	\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	N/A	\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	N/A	\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	N/A	\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	N/A	\$10,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	Part I	Contributors ((see instructions).	Use duplicate copies	s of Part I if additional space is n	eeded.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_121	N/A	\$10,350.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_122	N/A	\$10,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer	identification	number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
127	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
128	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
129_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
130	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
131_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_132	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(4)
No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 N/A (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 136 (a) No.	Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4	\$10,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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art I	Contributors ((see instructions)	. Use duplicate	copies of Part	I if additional sp	ace is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
145_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
146	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
147	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
148	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
149_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
150	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_151	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space is need	ed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167_	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization	Employer identification number
AMERICAN CIVIL LIBERTIES UNION, INC.	13-3871360
Part I Contributors (see instructions). Use duplicate copies of Part Lif addition	nal space is needed

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169_	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_170	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>171</u>	N/A	\$9,847.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172	N/A	\$ 9,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173_	N/A	\$9,420.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174	N/A	\$9,315.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I	Contributors	(see instructions).	Use duplicate copie	es of Part I if additiona	I space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>175</u>	N/A	\$9,206.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	N/A	\$9,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177	N/A	\$ 8,280.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178	N/A	\$ 8,201.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179	N/A	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
181	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
182	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
183	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
184	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
185_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
186	N/A		Person X Payroll

Name of organization Employer identification number

AMERICAN CIVIL LIBERTIES UNION, INC.

13-3871360

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187_	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
188	N/A	\$\$,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189	N/A	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
190	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
191_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
193	N/A	\$6,644.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
194	N/A	\$6,287.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
195	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
196	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
197_	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
202	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
203	N/A	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
204_	N/A	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	Part I	Contributors ((see instructions).	Use duplicate copies	s of Part I if additional space is n	eeded.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205_	N/A	\$5,720.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206_	N/A	\$5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207_	N/A	\$5,340.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
208	N/A	\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
209	N/A	\$5,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
210	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214_	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
216_	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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art I	Contributors ((see instructions)	. Use duplicate c	opies of Part I if a	dditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
217_	N/A	\$5,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
219	N/A	\$ 5,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
220	N/A	\$ 5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
221_	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
222	N/A	\$5,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number 13-3871360

Name of organization					
	AMERICAN	CIVIL	LIBERTIES	UNION,	INC.

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
224	N/A	\$\$, 5,175	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
225	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
226	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
227	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
228_	N/A	\$\$, 5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
229_	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
230	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
231_	N/A	\$5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
232	N/A	\$ 5,175.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
233	N/A	\$5,046.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
234_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

art I	Contributors (see instructions).	Use duplicate copies of Part	I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
238	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
239	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
240	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
241_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
244_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
245	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
246	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

13-3871360 AMERICAN CIVIL LIBERTIES UNION, INC.

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247_	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
249	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
250	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
251	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
252	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

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Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
256	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
257	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
258	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
262	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
263	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
264_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
265	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
266	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
267	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
268	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
269	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
270	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
272	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
274	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
275	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
276	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
277_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
278	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
279_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
280	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
281	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
282	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
283	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
284	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
285	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
286_	N/A	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
287	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
288_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is neede	Part I	Contributors	(see instructions).	Use duplicate copie	es of Part I if additional sr	ace is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
289_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
290	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
292	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
293	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
294	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization						Employer identification number
	AMERICAN	CIVIL	LIBERTIES	UNION,	INC.	13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 295 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 296 N/A Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 297 Χ N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 298 Χ N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 299 Χ N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Χ 300 N/A Person **Payroll** 5**,**000. Noncash (Complete Part II for noncash contributions.)

rt I	Contributors ((see instructions)	. Use duplicate c	opies of Part I	if additional sp	oace is needed.
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
301_	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
302	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
303	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
304_	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
305	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
306	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
310	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
311	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
312	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
316	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
317_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
318	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number 13-3871360

Part I	Contributors (see instructions).	Use duplicate copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
319_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
320	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
321	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
322	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
324	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
325	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
326	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
327	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 328 (a)	Name, address, and ZIP + 4 N/A (b)	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
328 (a) No.	Name, address, and ZIP + 4 N/A (b) Name, address, and ZIP + 4	\$ 5,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
331_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
332	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
333	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
334	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
335	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
336	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

rt I	Contributors ((see instructions)	. Use duplicate c	opies of Part I	if additional sp	oace is needed.
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Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
337_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
338	N/A	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
339	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
340	N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
341_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
342	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
343	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
344	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
345	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
346	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
347	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
348	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
349	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
350	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
351_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
352	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
353	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
354	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization						Employer identification number
	AMERICAN	CIVIL	LIBERTIES	UNION,	INC.	13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 355 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 356 N/A Χ Person **Payroll** 5**,**000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 357 N/A Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 358 Χ N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 359 N/A Χ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Χ 360 N/A Person **Payroll** 5**,**000. Noncash (Complete Part II for noncash contributions.)

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Employer identification number 13-3871360

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
361	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
362	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
363	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
364_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
365	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
366	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Part I

Name of organization Employer identification number

AMERICAN CIVIL LIBERTIES UNION, INC.

13-3871360

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
367	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
368	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
369	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
370	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
371	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
372	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Employer identification number 13-3871360

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
373	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
374	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
375	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
376	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
377	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
378	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

art I	Contributors ((see instructions)	. Use duplicate c	opies of Part I if a	dditional space is needed.
-------	----------------	--------------------	-------------------	----------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
379	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
380	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
381_	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
382	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
383	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
384	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 13-3871360

art I	Contributors ((see instructions)	. Use duplicate c	opies of Part I if a	dditional space is needed.
-------	----------------	--------------------	-------------------	----------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
385	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
386	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
387	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
388	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
389	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

13-3871360

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23_	STOCK		
		\$\$	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
36_	STOCK		
		\$106,459.	10/19/2022
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
77_	STOCK		
		\$30,759.	12/16/2022
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	

Name of organization Employer identification number AMERICAN CIVIL LIBERTIES UNION, INC. 13-3871360 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

_	Section 501(c)(4), (5), or (6) orga	anizations. Complete Fart III.			
Nar	me of organization			Employer ide	ntification number
ΑM	MERICAN CIVIL LIBERTII				871360
Pa		organization is exempt under			
1	•	ne organization's direct and indi	rect political campa	aign activities in Part	IV. See instructions for
	definition of "political campa	•			
2		xpenditures. See instructions			
		campaign activities. See instruction			
		organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	b If "Yes," describe in Part IV.				11
Ρć	•	organization is exempt under		. ,,,)).
1		xpended by the filing organization			1 (10 471
_				·	1,612,471.
2		g organization's funds contributed			E 21E 420
_		es			5,215,428.
3		enditures. Add lines 1 and 2. Ent			6,827,899.
4	Did the filing organization file	e Form 1120-POL for this year?		Ψ	
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	n 527 political organiz	
-	organization made payment	s. For each organization listed, en	ter the amount paid	from the filing organiz	zation's funds. Also enter
		ributions received that were prom			
	as a separate segregated fur	nd or a political action committee (F	PAC). If additional sp	ace is needed, provide	information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				runus. Il none, enter -o	delivered to a separate
					political organization.
					If none, enter -0
(1)	YES ON 820 - OKLAHO-				ii fiorie, efficir -o
		P.O. BOX 57004			ii fiorie, enter -o
	MANS FOR SENSIBLE	P.O. BOX 57004 OKLAHOMA CITY, OK 7315	87-4799945	575,000.	NONE
(2)	MANS FOR SENSIBLE		87-4799945	575,000.	·
(2)	MANS FOR SENSIBLE ACLU OF NEVADA PAC	OKLAHOMA CITY, OK 7315	87-4799945 88-1826146	575,000. 568,971.	·
		OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST			NONE
	ACLU OF NEVADA PAC	OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST HARTFORD, CT 06105			NONE
(3)	ACLU OF NEVADA PAC KANSAS UNITED FOR	OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST HARTFORD, CT 06105 P.O. BOX 917 MISSION, KS 66201	88-1826146	568,971.	NONE
(3)	ACLU OF NEVADA PAC KANSAS UNITED FOR CIVIL LIBERTIES	OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST HARTFORD, CT 06105 P.O. BOX 917 MISSION, KS 66201	88-1826146	568,971.	NONE NONE
(3)	ACLU OF NEVADA PAC KANSAS UNITED FOR CIVIL LIBERTIES VOTE YES ON WORK AND	OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST HARTFORD, CT 06105 P.O. BOX 917 MISSION, KS 66201 202 BONHAM ROAD,	88-1826146 88-3792505	568,971. 218,500.	NONE NONE
(3)	ACLU OF NEVADA PAC KANSAS UNITED FOR CIVIL LIBERTIES VOTE YES ON WORK AND	OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST HARTFORD, CT 06105 P.O. BOX 917 MISSION, KS 66201 202 BONHAM ROAD, DEDHAM, MA 02026	88-1826146 88-3792505	568,971. 218,500.	NONE NONE NONE
(3)	ACLU OF NEVADA PAC KANSAS UNITED FOR CIVIL LIBERTIES VOTE YES ON WORK AND FAMILY MOBILITY	OKLAHOMA CITY, OK 7315 765 ASYLUM AVENUE, 1ST HARTFORD, CT 06105 P.O. BOX 917 MISSION, KS 66201 202 BONHAM ROAD, DEDHAM, MA 02026 765 ASYLUM AVENUE, 1ST	88-1826146 88-3792505 88-2963754	568,971. 218,500. 150,000.	NONE NONE NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

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RICAN CIVIL LIBERTIES	UNION, INC	. 13-3871360	Page 2			
ation is exempt under section 501(c)(3) and filed Form 5768 (election under						
n belongs to an affiliated group are of excess lobbying expenditu	•	IV each affiliated group member's name, a	iddress,			
checked boy A and "limited co	ntrol" provisions	e annly				

Pa	art II-A	Complete if the org section 501(h)).	janization is exen	npt under sectior	501(c)(3) and file	ed Form 5768 (ele	ction under	•
A	Check		zation belongs to an			affiliated group mem	ber's name,	address
В	Check	if the filing organiz	zation checked box A	A and "limited contro	l" provisions apply.			
		Limits (The term "expendit	on Lobbying Expenders" means amour) ((a) Filing organization's totals	(b) Affilia group to	
1 a	a Total lol	bbying expenditures to i	nfluence public opini	on (grassroots lobb	ying)			
k	o Total lol	bbying expenditures to i	nfluence a legislative	e body (direct lobbyi	ng)			
C	Total lol	bbying expenditures (ad	d lines 1a and 1b).					
C	d Other e	xempt purpose expendit	tures					
e	Total ex	empt purpose expenditu	ures (add lines 1c an	d 1d)				
f	Lobbyin columns	g nontaxable amount.	Enter the amount	from the following	table in both			
		ount on line 1e, column (a	or (h) is: The lobbyin	ig nontavable amount i	ie.			
		\$500,000		amount on line 1e.				
		00,000 but not over \$1,000		us 15% of the excess	over \$500,000			
	·	000,000 but not over \$1,5		us 10% of the excess				
		500,000 but not over \$17,0	· · · · · · · · · · · · · · · · · · ·	us 5% of the excess of				
	· · · ·	7,000,000 But Hot over \$17,5	\$1,000,000		νοι ψ1,000,000.			
_	'	oots nontaxable amount	1					
_		t line 1g from line 1a. If	•					
i		t line 1f from line 1c. If z						
i		is an amount other th				n file Form 4720		
,		g section 4911 tax for t			_		Yes	No
_		<u>g</u>		aging Period Under				
	(S	Some organizations tha			` '	all of the five colun	nns below.	
	`	Ū		te instructions for I	-			
			Lobbying Exper	nditures During 4-Ye	ear Averaging Perio	d		
		ar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) To	tal

2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column (e)) c Total lobbying expenditures **d** Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

JSA

2E1265 1.000

0985VD 702V 94

Schedule C (Form 990) 2022	AMERICAN	CIVIL LIE	BERTIES U	UNION,	INC.				13-3871360	Page
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).										
For each "Yes," response on I	linna 10 thra	wah 1i bala		in Dort		dotoilad	(a	a)	(b)	
description of the lobbying activity.		ougn ii beid	ow, provide	III Pan	IV a	aetallea	Yes	No	Amount	

Ear	and "Vas" response on lines to through to helpy provide in Part IV a detailed			(-)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Χ	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions		

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line	∍s 1 and
2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.	

SEE PAGE 4

Schedule C (Form 990) 2022

JSA

SCHEDULE C, PART I-A, LINE 1:

THE ACLU IS A NON-PARTISAN ORGANIZATION THAT NEITHER ENDORSES NOR OPPOSES

CANDIDATES FOR PUBLIC OFFICE. HOWEVER, IN ORDER TO EDUCATE THE PUBLIC

ABOUT IMPORTANT CIVIL LIBERTIES ISSUES, THE ACLU HAS DESCRIBED

CANDIDATES' POSITIONS ON CIVIL LIBERTIES ISSUES DURING VARIOUS FEDERAL,

STATE, OR LOCAL CAMPAIGNS. THE ACLU HAS REPORTED EXPENDITURES WITH

RESPECT TO SUCH ACTIVITIES ON SCHEDULE C, PART 1 AND HAS FILED AN IRS

1120-POL.

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

Part Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts.		-	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year		RICAN CIVIL LIBERTIES UNION, INC.	13-3871360
Total number at end of year	Pa		Accounts.
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of antiform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's exclusive legal control? 5 Did the organization all grantees. Aonors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of land for public use (for example, recreation or education) Preservation of open space Complete lines 2 at through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure included i		Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year). 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?. 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? PartIII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use for example, recreation or education) Preservation of and for public use for example, recreation or education) Preservation of on a pace 2 Complete lines 2 a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements. 4 Number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure insert of the structure included in (a). 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements holds? 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements tholds? 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(f) and a section 170(h)(4)(B)(f) and a section		(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year)	1	Total number at end of year	
3 Aggregate value of grants from (during year)	2	Aggregate value of contributions to (during year)	
Aggregate value at end of year. Did the organization inform all denors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Zart III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of the preservation of a certified historic structure Preservation of on fautural habitat profession or education) Preservation of a certified historic structure Preservation of the preservation of the preservation of a certified historic structure leasement on the last day of the tax year. Zart III Complete lines 2 a through 2 if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Zart III Complete lines 2 a through 2 if the organization held a qualified conservation contribution in the form of a conservation easements. Did total acreage restricted by conservation easements. Did total acreage restricted by conservation easements. Did total acreage restricted by conservation easements included in (a). Winnber of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of states where property subject to conservation easement is located Number of states where property subject to conservation easemen	3		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal contro?			
tunds are the organization's property, subject to the organization's exclusive legal control?,			in donor advised
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 2art	•		
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Protection of natural habitat Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total acreage restricted by conservation easements Preservation of conservation easements Preservation of conservation easements on a certified historic structure lineluded in (a) 2b 2b 2b 2c 2d 2d 2d 2d 2d 2d 2d	6		
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Protection of natural habitat	ı		
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d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements	2b
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and section 170(h)(4)(B)(ii)?	1	Amount of expenses incurred in monitoring, inspecting, nandling of violations, and enforcing co	onservation easements during the year
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following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2		
a Revenue included on Form 990, Part VIII, line 1	_		accete for infancial gain, provide the
			\$
	_		

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Pa	rt Organizations Maintainir	ng Collections of	Art, Histo	rical Trea	sures	s, or C	Other S	Similar A	Assets (d	continued	d)
3	Using the organization's acquisition	n, accession, and o	ther recor	ds, check	any of	f the	followii	ng that m	nake sigi	nificant us	se of its
	collection items (check all that apply	/):		-							
а	Public exhibition		d	Loan or	excha	ange p	orogram				
b	Scholarly research		е	Other _							
С	Preservation for future gener										
4	Provide a description of the organ	ization's collections	and expla	in how th	ey fur	ther t	he orga	anization'	s exemp	t purpose	in Part
	XIII.										
5	During the year, did the organization									_	
	assets to be sold to raise funds rath		ained as pa	rt of the or	rganiza	ation's	collect	ion?		Yes	No
Pa	rt IV Escrow and Custodial Ar Complete if the organizate 990, Part X, line 21.		s" on For	n 990, Pa	art IV,	line 9), or re	ported a	n amoui	nt on For	m
1a	Is the organization an agent, trust	ee, custodian or ot	ther interm	ediary for	contr	ributio	ns or c	ther ass	ets not		
	included on Form 990, Part X?								[Yes	No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the fol	lowing table	e:						
									Amount		
С	Beginning balance					1c					
d	5 ,				H	1d					
е	Distributions during the year					1e					
f	Ending balance					1f				1	
	Did the organization include an amo									Yes	No
	If "Yes," explain the arrangement in	Part XIII. Check he	ere if the ex	planation h	nas bee	en pro	vided o	n Part XIII			
Pa	rt V Endowment Funds.	··	-"	000 D	4 1\ /	II					
	Complete if the organiza							/ D. T.			
	-	(a) Current year	(b) Prio	-		o years		(d) Three y		(e) Four ye	
1a	Beginning of year balance	49,508,612.		57,379.		968,89			29,993.		53,786.
b	Contributions	3,506,105.	1,90	3,794.	2,1	192,10	9.	1,97	1,935.	1,22	27,546.
С	Net investment earnings, gains,	4 000 505									
	and losses	-4,330,535.	2,95	4,439.	23,0	015,41	9.	-4,48	86,518.	5,35	56,156.
d	Grants or scholarships										
е	-	12 000 600	0.40	.7. 000	1 1	110 04		2 14	C 511		17 405
_	and programs	13,920,682.	2,40	17,000.	1,1	119,04	8.	3,14	6,511.	2.	17,495.
f	Administrative expenses	34,763,500.	40 E	10.612	47.0	057 27	0	22.06		20 61	20.002
g	End of year balance	'		08,612.		057,37		22,96	8,899.	20,02	29,993.
2 a	Provide the estimated percentage of Board designated or quasi-endowm			e (line 1g, c	column	ı (a)) n	eld as:				
	Permanent endowment 5.390		.0								
	Term endowment %	70 70									
·	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%								
3a	Are there endowment funds not in t			tion that a	re held	d and	adminis	stered for	the		
-	organization by:	possossis s	. o o . g							Y	es No
	(i) Unrelated organizations									3a(i)	X
	(ii) Related organizations									3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended u	•	•					'			
	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.				line '	11a S	ee Form	990 Ps	art X line	10
	Description of property	(a) Cost or		(b) Cost or			(c) Accu			d) Book valu	
		(invest		(oth			depre				
	Land										
	Buildings										

257,754. Schedule D (Form 990) 2022

257,754.

JSA 2E1269 1.000

d Equipment.....

0985VD 702V 98

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

931,284.

673**,**530.

Schedule D (Form 990) 2022	AMERICAN	CIVIL	LIBERTIES	UNION,	INC.	13-3871360
Part VI Investments - Other	er Securities					

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A) PROPRIETARY EQUITY FUNDS	41,083,591.	FMV				
(B) PRIVATE EQUITY FUNDS	21,069,328.	FMV				
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	62,152,919.					

Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
_(4)		
_(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)DUE FROM ACLU FOUNDATION	27,472,674.
(2)DUE FROM AFFILIATES	4,953,893.
(3)DUE FROM AFFILIATES-ALLOCATED	
(4) SHARE OF PENSION LIABILITY	2,450,693.
(5)MISCELLANEOUS RECEIVABLES	230,034.
(6)INTEREST & DIVIDEND RECEIVABLE	82,613.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	35,189,907.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)DUE TO AFFILIATES	20,989,605.
(3)BILL OF RIGHTS TRUST	
(4) HELD FOR AFFILIATES	5,237,996.
(5)ACCRUED PENSION LIABILITY	3,111,713.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	29,339,314.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2022

JSA 2E1270 1.000 0985VD 702V

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments 2a	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line</i> 12.)	5
Part		ırn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	
SEE	SUPPLEMENTAL PAGE	

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT FUNDS IS TO CARRY OUT THE WORK OF THE ACLU AND ITS AFFILIATES IN PROTECTING, PRESERVING AND EXPANDING THE CIVIL LIBERTIES OF ALL PERSONS IN THE UNITED STATES OF AMERICA.

SCHEDULE D, PART X, LINE 2:

THE UNION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER

SECTION 501(C)(4) OF THE U.S. INTERNAL REVENUE CODE (IRC). THE UNION IS

SUBJECT TO TAXES ON UNRELATED BUSINESS INCOME, AS APPLICABLE. THE UNION

FILES TAX AND INFORMATION RETURNS WITH THE INTERNAL REVENUE SERVICE

(IRS). MANAGEMENT EVALUATED THE UNION'S TAX POSITIONS AND CONCLUDED THAT

THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE

ADDITIONAL ADJUSTMENT OR DISCLOSURE TO THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS. GENERALLY, THE UNION IS NO LONGER SUBJECT TO INCOME

TAX EXAMINATIONS BY U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR TAX

YEARS BEFORE 2020, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK

PERIOD.

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection Internal Revenue Service Name of the organization Employer identification number AMERICAN CIVIL LIBERTIES UNION, INC. 13-3871360 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations е Solicitation of non-government grants а Χ Internet and email solicitations f Solicitation of government grants Χ Phone solicitations Special fundraising events C X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes SEE SUPPLEMENT INFORMATION No 2 3 6 8 9 10 Total 102,554,288. 6,783,845. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. AL, AK, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MI, MN, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI,

Sche	edule	G (Form 990) 2022 AMERICA	AN CIVIL LIBERTIE	ES UNION, INC.	1	3-3871360 Page 2			
Pa	rt II	Fundraising Events. Complete than \$15,000 of fundraising every gross receipts greater than \$5,000	ent contributions and g			•			
		g. sas i sas i pro g. satto i i i i i i i i i j	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
4			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts							
<u>IĽ</u>		Less: Contributions							
	4	Cash prizes							
	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses							
Pa	10 11 rt III	Direct expense summary. Add lir Net income summary. Subtract I Gaming. Complete if the org	ine 10 from line 3, col	umn (d)		reported more than			
		\$15,000 on Form 990-EZ, lin	e 6a.						
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Re	1	Gross revenue							
enses	2	Cash prizes							
Exper	3	Noncash prizes							
Direct Exp	4	Rent/facility costs							
_	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes% No	Yes% No				
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)					
9 a b	ıl	Enter the state(s) in which the organization licensed to con f "No," explain:		in each of these state	es?	Yes No			
l O a		Nere any of the organization's gamino f "Yes," explain:	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No			

Schedule G (Form 990) 2022

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Sched	ule G (Form 990 or 990-EZ) 2022 AMERICAN CIVIL LIBERTIES UNION, INC.	13-387	1360	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti	ty		
	formed to administer charitable gaming?	, , . 🗀	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives	gaming		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	J C	
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of complete manifold by			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming pro-	oceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org.		_	
	or spent in the organization's own exempt activities during the tax year > \$			
Par				

NAME:

NEW CANVASSING EXPERIENCE

ADDRESS:

78 SAN MARCOS STREET AUSTIN, TX 78702

ACTIVITY :

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 131,858.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 5,718,293.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -5,586,435.

NAME:

O'BRIEN GARRETT

ADDRESS:

1200 G STREET NW, SUITE 700 WASHINGTON, DC 20005

ACTIVITY:

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 102,202,742.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 480,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 101,722,742.

NAME:

TELEFUND, INC.

ADDRESS:

P.O. BOX 120557 BOSTON, MA 02112

ACTIVITY :

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 144,234.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 332,483.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -188,249.

NAME:

GORDON & SCHWENKMEYER, INC. (GSI)

ADDRESS:

20300 S. VERMONT AVENUE, SUITE 210 TORRANCE, CA 90502

ACTIVITY:

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 52,387.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 109,665.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -57,278.

NAME:

LAUTMAN MASKA NEILL & COMPANY

ADDRESS:

1730 RHODE ISLAND AVENUE NW, #301 WASHINGTON, DC 20036

ACTIVITY :

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 74,250.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -74,250.

NAME:

INTEGRAL RESOURCES, INC.

ADDRESS:

P.O. BOX 401036 CAMBRIDGE, MA 02140

ACTIVITY:

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: 23,067.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 35,910.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -12,843.

NAME:

QCSS, INC.

ADDRESS:

21925 W FIELD PARKWAY, SUITE 210 DEER PARK, IL 60010

ACTIVITY:

FUNDRAISING CONSULTING

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY: NONE

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 33,244.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: -33,244.

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047	202 5

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

Open to Public Employer identification number 13-3871360

AMERICAN CIVIL I	CIVIL	LIBERTIES UNION, INC	UNION,	u, INC. Its and Assistance
9				

Xes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

				; :: :: : : : : : : : : : : : : : : : :			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACLU FOUNDATION OF DELAWARE							
100 WEST 10TH ST. #603 WILMINGTON, DE 19801	51-0220856	501(C)(3)	45,000.				AFFILIATE PROGRAM
(2) ACLU OF ALABAMA							
P.O. BOX 6179 MONTGOMERY, AL 36106	23-7093412	501(C)(4)	85,023.				AFFILIATE PROGRAM
(3) ACLU OF ARIZONA							
P.O. BOX 17148 PHOENIX, AZ 85011	86-0205157	501(C)(4)	115,000.				AFFILIATE PROGRAM
(4) ACLU OF ARKANSAS							
904 W SECOND ST, #1 LITTLE ROCK, AR 72201	71-0467186	501(C)(4)	700,000.				AFFILIATE PROGRAM
(5) ACLU OF COLORADO							
303 E 17TH AVE, ROOM 350 DENVER, CO 80203	84-0437750	501(C)(4)	150,000.				AFFILIATE PROGRAM
(6) ACLU OF CONNECTICUT							
765 ASYLUM AVE, 1ST FL HARTFORD, CT 06105	45-2857664	501(C)(4)	50,000.				AFFILIATE PROGRAM
(7) ACLU OF CONNECTICUT RISE PAC							CIVIL LIBERTIES
765 ASYLUM AVE, 1ST FL HARTFORD, CT 06105	88-4072865	527	100,000.				CANDIDATE EDUCATION
(8) ACLU OF DELAWARE							
100 W 10TH ST, #603 WILMINGTON, DE 19801	51-0240032	501(C)(4)	182,500.				AFFILIATE PROGRAM
(9) ACLU OF FLORIDA							
4343 W FLAGLER ST, STE 400 MIAMI, FL 33134	59-0883831	501(C)(4)	431,200.				AFFILIATE PROGRAM
(10) ACLU OF GEORGIA							
1900 THE EXCHANGE, RM 425 ATLANTA, GA 30339	58-0951433	501(C)(4)	142,500.				AFFILIATE PROGRAM
(11) ACLU OF HAWAII							
P.O. BOX 3410 HONOLULU, HI 96801	99-0156207	501(C)(4)	50,000.				AFFILIATE PROGRAM
(12) ACLU OF ILLINOIS							
150 NORTH MICHIGAN AVE CHICAGO, IL 60601	27-1629328	501(C)(4)	90,000.				AFFILIATE PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	organizations lis	ted in the line 1 tab	le			4
ioil or oit or in orange models to modeling lotter moter - c	7 0 2:1 0 4:4 2: 7 0 1:1 0	4 +040					1

3 Enter total number of other organizations listed in the line 1 table....... For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047 20 2 0 0 pen to Public	ome d O
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Go to www.irs.gov/Form990 for the latest information.

Employer identification number 13-3871360 AMERICAN CIVIL LIBERTIES UNION, INC.

	; -	Les	
Part General Information on Grants and Assistance	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	the selection criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Š

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACLU OF INDIANA							
1031 E WASHINGTON ST INDIANAPOLIS, IN 46202	35-0930337	501(C)(4)	65,800.				AFFILIATE PROGRAM
(2) ACLU OF KANSAS							
6701 W 64 ST, #210 OVERLAND PARK, KS 66202	91-2090691	501(C)(4)	25,000.				AFFILIATE PROGRAM
(3) ACLU OF KENTUCKY							
315 GUTHRIE ST, #300 LOUISVILLE, KY 40202	61-0597514	501(C)(4)	100,000.				AFFILIATE PROGRAM
(4) ACLU OF MAINE							
121 MIDDLE STREET, #301 PORTLAND, ME 04101	01-0285070	501(C)(4)	20,800.				AFFILIATE PROGRAM
(5) ACLU OF MARYLAND							
3600 CLIPPER MILL RD BALTIMORE, MD 21211	52-0746271	501(C)(4)	50,000.				AFFILIATE PROGRAM
(6) ACLU OF MASSACHUSETTS							
211 CONGRESS ST, 3RD FLR BOSTON, MA 02110	04-1180450	501(C)(4)	80,000.				AFFILIATE PROGRAM
(7) ACLU OF MICHIGAN							
2966 WOODWARD AVENUE DETROIT, MI 48201	38-1643182	501(C)(4)	100,000.				AFFILIATE PROGRAM
(8) ACLU OF MISSOURI							
906 OLIVE ST ST. LOUIS, MO 63101	32-0295491	501(C)(4)	25,000.				AFFILIATE PROGRAM
(9) ACLU OF MONTANA							
PO BOX 1968 MISSOULA, MT 59806	81-0431527	501(C)(4)	45,000.				AFFILIATE PROGRAM
(10) ACLU OF NEBRASKA							
134 SOUTH 13TH ST, #1010 LINCOLN, NE 68508	23-7093415	501(C)(4)	168,000.				AFFILIATE PROGRAM
(11) ACLU OF NEVADA PAC							CIVIL LIBERTIES
601 S. RANCHO DR, #B11 LAS VEGAS, NV 89106	88-1826146	527	568,971.				CANDIDATE EDUCATION
(12) ACLU OF NEW JERSEY							
P.O. BOX 32159 NEWARK, NJ 07102	22-1758950	501(C)(4)	50,000.				AFFILIATE PROGRAM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .	government c	rganizations lis	ted in the line 1 tak	le			

3 Enter total number of other organizations listed in the line 1 table........

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

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Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public **Employer identification number** Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

13-3871360

າ on Grants and Assistan	
Grar	
no r	INC.
General Information	UNION,
Infor	LIBERTIES UNION,
eral	LIB
Gen	CIVIL
artl	AMERICAN CIVIL

- Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II

S5-0197858 501(C) (4)	S5-0197858 S01(C) (4) S6-0863265 S01(C) (4) 1 S6-0863265 S01(C) (4) 1 S1-0700606 S01(C) (4) 1 S1-0700606 S01(C) (4) 1 S1-0700606 S01(C) (4) S1-0700606	JE. NW 87103	(if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of Valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Furpose of grant or assistance
BOX 566 ALBUQUERQUE, NW 87103 85-0197858 501(C) (4)	S5-0197858 S01(C) (4) S6-0863265 S01(C) (4) 1 S6-0863265 S01(C) (4) 1 S01(C) (4) S01(C) (566 ALBUOUEROUE, NM 87103						
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OCTH 300 W SALT LAKE CITY, UT 84103 CCLU OF VERMONT BOX 277 MONTPELIER, VT 05601 CCLU OF VIRGINIA C. FRANKLIN ST #1412 RICHMOND, VA 23219 CCLU OF WISCONSIN CLU OF WISCONSIN C. BUFFALO ST. #325 MIMMAUKEE, WI 53202 CANSANS FOR CONSTITUTIONAL FREEDOM, INC. MACHINER ST. #325 MIMMAUKEE, WI 53202 CANSANS FOR CONSTITUTIONAL FREEDOM, INC.	TICHMOND, VA 23219	LU OF UTAH						
ACLU OF VERMONT BOX 277 MONTPELIER, VT 05601 303-0221930 501(C) (4) 3110 OF VIRGINIA C. FRANKLIN ST #1412 RICHMOND, VA 23219 C. FRANKLIN ST #325 MILMAUKEE, WI 53202 30-6057574 501(C) (4) CANSANS FOR CONSTITUTIONAL FREEDOM, INC. MATCH OF WISSONS AND SARK KS 6231 ACHIOSAN STATEMENT SARK KS 6231 ACHIOSAN SARK KS 6231 ACHIOSAN STATEMENT SARK KS 6231 ACHIOSAN SARK KS 6231	VT 05601 RICHMOND, VA 23219 ALIMAUKEE, WI 53202 39-6057574 501(C) (4)	300 W SALT LAKE CITY, UT 84103	501(C)(4)	70,000.				AFFILIATE PROGRAM
BOX 277 MONTPELIER, VT 05601 ACLU OF VIRGINIA 3. FRANKLIN ST #1412 RICHMOND, VA 23219 ACLU OF WISCONSIN C. BUFFALO ST. #325 MILMAUKEE, WI 53202 ANGANS FOR CONSTITUTIONAL FREEDOM, INC. MANDAUS CONSTITUTIONAL FREEDOM, INC.	VT 05601 RICHMOND, VA 23219 S4-0845509 501(C)(4) MILMAUKEE, WI 53202 39-6057574 501(C)(4)	LU OF VERMONT						
ACLU OF VIRGINIA 2. FRANKLIN ST #1412 RICHMOND, VA 23219 54-0845509 501(C)(4) ACLU OF WISCONSIN 3. BUFFALO ST. #325 MILMAUKEE, WI 53202 39-6057574 501(C)(4) ANSANS FOR CONSTITUTIONAL FREEDOM, INC. MAINTH OF THE CONSTITUTIONAL FREEDOM, INC.	VA 23219 54-0845509 501(C)(4) WI 53202 39-6057574 501(C)(4)	VT 05601	501(C)(4)	75,000.				AFFILIATE PROGRAM
E. FRANKLIN ST #1412 RICHMOND, VA 23219 54-0845509 501(C)(4) ACLU OF WISCONSIN E. BUFFALO ST. #325 MILMAUKEE, WI 53202 39-6057574 501(C)(4) ANSANS FOR CONSTITUTIONAL FREEDOM, INC. MAINTHON CONSTITUTIONAL FREEDOM, INC.	VA 23219 54-0845509 501(C)(4) WI 53202 39-6057574 501(C)(4)	LU OF VIRGINIA						
C.LU OF WISCONSIN 2. BUFFALO ST. #325 MILMAUKEE, WI 53202 39-6057574 501(C)(4) ANSANS FOR CONSTITUTIONAL FREEDOM, INC.	WI 53202 39-6057574 501(C)(4)	RICHMOND, VA 23219	501(C)(4)	175,000.				AFFILIATE PROGRAM
ANSANS FOR CONSTITUTIONAL FREEDOW, INC. Mainary of American Dark Reference (2017)	WI 53202 39-6057574 501(C)(4)	LU OF WISCONSIN						
(ANSANS FOR CONSTITUTIONAL FREEDOM, INC.		WI 53202	501(C)(4)	197,200.				AFFILIATE PROGRAM
אסאם מואס מדוס א אסאם מואס מדוס א אסאם אסאם אסאם אסאם אסאם א אסאם אסאם אסאם אסאם אסאם אסאם אסאם אסאם אסאם אסא	ANSANS FOR CONSTITUTIONAL FREEDOM, INC.	NSANS FOR CONSTITUTIONAL FREEDOM, INC.						
W IOSIR SI. OVERHAND FARM, NS COZII	W 109TH ST. OVERLAND PARK, KS 66211 87-1224421 501(C)(4) 375,000.		501(C)(4)	375,000.				SEE PART IV

3 Enter total number of other organizations listed in the line 1 table.........

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Department of the Treasury Internal Revenue Service

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public

Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 13-3871360 General Information on Grants and Assistance AMERICAN CIVIL LIBERTIES UNION, INC. Name of the organization

Yes

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KANSANS UNITED FOR CIVIL LIBERTIES							CIVIL LIBERTIES
PO BOX 917 MISSION, KS 66201	88-3792505	527	218,500.				CANDIDATE EDUCATION
(2) NARAL PRO-CHOICE AMERICA (C4)							
1725 EYE ST NW #900 WASHINGTON DC, DC 20006	13-2630359	501(C)(4)	70,000.				SEE PART IV
(3) NATIONAL WOMEN'S LAW CENTER							
PO BOX 200871 PITTSBURGH, PA 15251	52-1213010	501(C)(3)	20,000.				SEE PART IV
(4) NEWR DENVER							
730 COLORADO BLVD DENVER, CO 80206	86-2345972	501(C)(4)	35,000.				SEE PART IV
(5) OHIOANS FOR REPRODUCTIVE FREEDOM PAC							POLITICAL
545 EAST TOWN ST COLUMBUS, OH 43215	92-2353443	501(C)(4)	.000,000				CONTRIBUTION
(6) PLANNED PARENTHOOD FEDERATION OF AMERICA							
123 WILLIAM STREET NEW YORK, NY 10038	13-1644147	501(C)(3)	.000,000				SEE PART IV
(7) PROMOTE THE VOTE 2022							
600 W ST. JOSEPH, STE 3G LANSING, MI 48933	87-4684409	501(C)(4)	500,000.				SEE PART IV
(8) PROTECT KENTUCKYACCESS							
2001 EAST MADISON ST SEATTLE, WA 98122	94-3168114	501(C)(4)	.000,000				SEE PART IV
(9) REPRODUCTIVE FREEDOM FOR ALL COMMITTEE							
2966 WOODWARD AVE DETROIT, MI 48201	87-4298762	501(C)(4)	2,000,000.				SEE PART IV
(10) THE FAIRNESS PROJECT							
2300 18TH ST NW WASHINGTON DC, DC 20009	37-1779557	501(C)(4)	16,122.				SEE PART IV
(11) VOTE YES ON WORK AND FAMILY MOBILITY							CIVIL LIBERTIES
202 BONHAM RD DEDHAM, MA 02026	88-2963754	527	150,000.				CANDIDATE EDUCATION
(12) WILL OF THE PEOPLE ARIZONA							
2828 N CENTRAL AVE, FL 10 PHOENIX, AZ 85004	88-3521820	501(C)(4)	200,000.				SEE PART IV
	government c	organizations lis	ted in the line 1 tak				
2 Enter total number of other organizations listed in the line 1 table	odi odt di boto	4 +2hle					

3 Enter total number of other organizations listed in the line 1 table.........

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) 2022

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047 Open to Public 2022

Department of the Treasury Internal Revenue Service	Go to	Att Www.irs.gov/F	Attach to Form 990. www.irs.gov/Form990 for the latest information.	test information			Open to Fublic Inspection
Name of the organization						Employer identification number	ion number
AMERICAN CIVIL LIBERTIES UNION, INC.						13-3871360	
Part I General Information on Grants and Assistance	nd Assistanc	•					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate th	e amount of the	grants or assistaı	າce, the grantees'	eligibility for the grant	s or assistance, and	
une selection chiefla used to award the grants of assistance?	its or assistant dures for mon	itoring the use	of grant funds in the	United States.			
Part II Grants and Other Assistance to Domestic Org	Jomestic Org that received	yanizations an more than \$5,	d Domestic Gov 000. Part II can b	ernments. Com be duplicated if a	ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, more than \$5,000. Part II can be duplicated if additional space is needed.	ation answered "Y leeded.	'es" on Form 990,
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WOMEN'S REFUGEE COMMISSION, INC.							
15 W 37TH ST, 9TH FL. NEW YORK, NY 10018	46-3668128	501(C)(3)	15,000.				SEE PART IV
(2) YES ON 308							
2211 EAST HIGHLAND, #210 PHOENIX, AZ 85016	87-0824022	501(C)(4)	.000,000				SEE PART IV
(3) YES ON 820 - OK'NS FOR SENSIBLE MARIJUANA							CIVIL LIBERTIES
P.O. BOX 57004 OKLAHOMA CITY, OK 73157	87-4799945	527	575,000.				CANDIDATE EDUCATION
(4)							
(5)							
(9)							
(7)							
(8)							
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	government	rganizations lis	ted in the line 1 tab	le			
3 Enter total number of other organizations listed in the line 1 table	sted in the line	1 table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990	tions for Form 9	.06				Ġ.	Schedule I (Form 990) 2022

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Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

2 SCHEDULE I, PART I, LINE THE ACLU HAS ESTABLISHED PROCEDURES FOR THE RELEASE OF GRANTS, AS WELL AS BE IN THE FURTHERANCE OF ITS MISSION. GRANT AWARDS ARE CONFIRMED IN WRITING AND SUPPORTED BY A WRITTEN AGREEMENT THAT SPECIFIES THE PURPOSE OF THE GRANI, THE SPECIFIC OUTCOMES TO BE ACHIEVED, AND, IF APPLICABLE, THE INDICATORS WHILE THE PRIMARY GRANTMAKING THE WILL ORGANIZATION DOES IS TO ITS AFFILIATES, THE ORGANIZATION ALSO MAKES GRANTS TO OTHER ORGANIZATIONS WHEN IT DETERMINES THAT DOING SO ОF TO DETERMINE WHETHER THE GOALS PARTICULAR GRANT AWARD HAVE BEEN MET. FOR MONITORING OF OUTCOMES,

Schedule I (Form 990) (2022)

Part ∭

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
•					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	equired in Part I,	line 2, Part III, c	column (b); and any o	other additional

THE PARTIES AGREE WILL BE USED TO MEASURE PROGRESS TOWARDS AGREED THAT

UPON GOALS. WRITTEN AGREEMENTS DETAIL THE SPECIFIC ACTIVITIES FOR WHICH

PROVIDED AND DOCUMENT THE COMMITMENT TO USING THE FUNDS ВE O_L FUNDING IS

PROVIDED TO PURSUE SPECIFIC STRATEGIES IN ADDRESSING PROGRAM GOALS AND

TARGET OUTCOMES. AFFILLATES AND OTHER ORGANIZATIONS WHO RECEIVE GRANT

REQUIRED TO PROVIDE QUANTITATIVE AND QUALITATIVE REPORTS, BE AWARDS MAY

BE USED TO DETERMINE WHETHER ADDITIONAL FUNDING MAY AND THESE REPORTS MAY

BE REQUIRED AND/OR TO ENHANCE FUTURE GRANT PROGRAMS.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2022)

Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

SCHEDULE I, PART II:

NAME AND ADDRESS OF ORGANIZATION: KANSANS FOR CONSTITUTIONAL FREEDOM,

INC.

PURPOSE OF GRANT: GENERAL SUPPORT FOR VOTER EDUCATION TO OPPOSE A

PROPOSED AMENDMENT TO THE KANSAS CONSTITUTION.

NAME AND ADDRESS OF ORGANIZATION: NARAL PRO-CHOICE AMERICA (C4)

PURPOSE OF GRANT: COMMUNICATIONS STRATEGY INVOLVED IN ASSISTING A BROADER

GROUP OF IRC SECTION 501(C)(4) ORGANIZATIONS.

Schedule I (Form 990) (2022)

Part III G

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
83					
4					
9					
art IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

NAME AND ADDRESS OF ORGANIZATION: NATIONAL WOMEN'S LAW CENTER

PURPOSE OF GRANT: SUPPORT AWARENESS OF A FEDERAL ACT CONCERNING THE FAIR

TREATMENT OF PREGNANT WORKERS.

NAME AND ADDRESS OF ORGANIZATION: NEWR DENVER

PURPOSE OF GRANT: TO CREATE AND DISTRIBUTE DIGITAL VOTER EDUCATION

COMMUNICATIONS IN FURTHERANCE OF PASSING A DENVER, COLORADO CITY-LEVEL

BALLOT INITIATIVE.

Schedule I (Form 990) (2022)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

NAME AND ADDRESS OF ORGANIZATION: PLANNED PARENTHOOD FEDERATION OF

information.

AMERICA

PURPOSE OF GRANT: SUPPORTING VERMONT REPRODUCTIVE RIGHTS RELATED BALLOT

INITIATIVE.

NAME AND ADDRESS OF ORGANIZATION: PROMOTE THE VOTE 2022

PURPOSE OF GRANT: VOTER COMMUNICATIONS AND GENERAL EXPENSES FOR STATEWIDE

VOTING RIGHTS CHANGES IN MICHIGAN

NAME AND ADDRESS OF ORGANIZATION: PROTECT KENTUCKYACCESS

Schedule I (Form 990) (2022)

Page 2

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	equired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

information.

PURPOSE OF GRANT: FOR VOTER EDUCATION COMMUNICATIONS IN OPPOSITION TO A

PROPOSED ANTI-ABORTION BALLOT MEASURE.

NAME AND ADDRESS OF ORGANIZATION: REPRODUCTIVE FREEDOM FOR ALL COMMITTEE

PURPOSE OF GRANT: COMMUNICATIONS TO AFFIRM MICHIGANDERS' FUNDAMENTAL

RIGHT TO REPRODUCTIVE FREEDOM.

NAME AND ADDRESS OF ORGANIZATION: THE FAIRNESS PROJECT

PURPOSE OF GRANT: EARLY RESEARCH ON VIABILITY POLLING OF POTENTIAL BALLOT

MEASURES

Schedule I (Form 990) (2022)

Part Ⅲ Gr

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
5 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7						
6						
9						
2						

NAME AND ADDRESS OF ORGANIZATION: WILL OF THE PEOPLE ARIZONA

PURPOSE OF GRANT: GENERAL OPERATING EXPENSES AND PAID COMMUNICATIONS AS

PART OF VOTER EDUCATION EFFORTS TO ADVOCATE THE DEFEAT OF PROPOSITIONS

128, 129, AND 132.

NAME AND ADDRESS OF ORGANIZATION: WOMEN'S REFUGEE COMMISSION, INC.

PURPOSE OF GRANT: SUPPORTING VT REPRODUCTIVE RIGHTS RELATED BALLOT

INITIATIVE.

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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g						
art IV	art IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

NAME AND ADDRESS OF ORGANIZATION: YES ON 308

PURPOSE OF GRANT: COMMUNICATIONS FOR PROMOTING PROPOSITION 308, AN

ARIZONA BALLOT INITIATIVE GRANTING IN-STATE TUITION RATES TO NON-CITIZEN

RESIDENTS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number 13-3871360

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	2		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	4-	37	
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from an equity-based compensation arrangement?	4b 4c	A	v
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
6	If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

individual.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

		(B) Breakdown of W-2 and/or 1099	nd/or 1099-MISC and/or 1	9-MISC and/or 1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(j)(B)	in column (B) reported as deferred on prior Form 990
ANTHONY D. ROMERO	ε	676,060.	NONE	19,500.	237,180.	7,572.	940,312.	NONE
1 EXECUTIVE DIRECTOR/CEO	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOROTHY M. EHRLICH	ε	522,316.	NONE	13,634.	260,282.	25,133.	821,365.	NONE
2 DEPUTY EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TERENCE R. DOUGHERTY	ε	501,985.	NONE	13,004.	33,456.	19,699.	568,144.	NONE
3 DEP EXEC DIR. OPS/GEN. COUNSEL	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHARIZMA T. WILLIAMS	ε	405,396.	10,000.	4,532.	17,677.	18,428.	456,033.	NONE
4 COO (&CFO THRU 1/31/23)	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMBER HIKES	ε	361,238.	NONE	1,817.	12,668.	12,935.	388,658.	NONE
5 DEP EXEC DIR STRATEGY&CULTURE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID D. COLE	ε	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 NATIONAL LEGAL DIRECTOR	(ii)	450,364.	NONE	10,224.	20,127.	3,337.	484,052.	NONE
KARY L. MOSS	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 DIR AFF SUPPORT & NATION. INIT	(ii)	476,082.	NONE	6,581.	67,689.	10,628.	560,980.	NONE
MARK V. WIER	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 CHIEF DEVELOPMENT OFFICER	Œ	470,601.	NONE	11,057.	21,237.	4,401.	507,296.	NONE
REBECCA LOWELL EDWARDS	Ξ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 CHIEF COMMUNICATIONS OFFICER	Œ	435,951.	NONE	6,506.	20,624.	2,532.	465,613.	NONE
ELIZABETH BRADFORD	Ξ	234,019.	NONE	NONE	12,580.	1,765.	248,364.	NONE
10 CO-CHIEF CORPROATE COUNSEL	Œ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RONALD NEWMAN	Ξ	83,333.	NONE	435,441.	8,025.	8,961.	535,760.	NONE
11 NAT'L POLIT DIR (THRU 3/15/22)	Œ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SOPHIA K. GOLDMACHER	Ξ	348,905.	NONE	1,817.	17,926.	38,778.	407,426.	NONE
12 CHIEF PEOPLE OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
AMARDEEP SINGH	Ξ	298,620.	NONE	NONE	16,214.	37,031.	351,865.	NONE
13 CHIEF INFORMATION OFFICER	Œ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
STEPHANIE WECHT	Ξ	255,671.	NONE	NONE	19,432.	21,825.	296,928.	NONE
14 DEPUTY CHIEF OPERATING OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ESETE ASSEFA	Ξ	259,904.	23,446.	NONE	14,367.	13,022.	310,739.	NONE
15 CHIEF POLITICAL ADVISORY	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
16	€							
								17.

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, for any additional information.

4B: 4A AND J, PART I, LINES SCHEDULE ONE INDIVIDUAL RECEIVED A SEVERANCE PAYMENT WHICH IS INCLUDED

ЭE STATEMENT ı REPORTABLE COMPENSATION IN PART VII AND IN PART IX

THE OF THE NAME TO CONFIDENTIALITY CONCERNS, FUNCTIONAL EXPENSES. DUE THE INDIVIDUAL IS NOT DISCLOSED. THE DETAILED INFORMATION IS AVAILABLE TO

IRS UPON REQUEST

THE EXECUTIVE DIRECTOR/CEO PARTICIPATES IN A NONQUALIFIED SUPPLEMENTAL

NO PAYMENT WAS MADE FROM THIS PLAN DURING THE CALENDAR RETIREMENT PLAN.

2022. YEAR ENDED DECEMBER 31,

.. LINE PART I, SCHEDULE J,

BONUS ELIGIBILITY IS DISCRETIONARY.

Part Ⅲ Supplemental Information

5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part 4a, 4b, 4c, 5a, က် Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, for any additional information.

II J, PART SCHEDULE

PLAN; APPLICABLE YEAR, WHETHER OR NOT THE DEFINED BENEFIT PENSION TAXABLE COMPENSATION RELATED COLUMN B(II) INCLUDES TO THE DEFINED THE HEALTH AND/OR DEPENDENT CARE FLEXIBLE SPENDING PLANS, WHICH HAVE BEEN ADDED BACK TO PROVIDE THE FULLEST PICTURE POSSIBLE OF FULLY VESTED. COLUMN D INCLUDES NON-TAXABLE BENEFITS 457 (B) BYAS AMOUNTS SET ASIDE OTHER REPORTABLE IF/AS THE OL EMPLOYEES HIRED ON OR AFTER APRIL 1, 2009, OR DEPENDENT SPENDING ACCOUNTS, ANY, THE Η H COLUMN B(I) INCLUDES BASE COMPENSATION, REFLECT AMOUNTS EARNED DURING ALL PLAN, AND CONTRIBUTIONS, O L SUCH AS HEALTH AND OTHER INSURANCE, AS WELL INCLUDES INCLUDING ANY REDUCTIONS TO EMPLOYER CONTRIBUTIONS B(III) BONUS PAYMENTS AND COLUMN HEALTH (K TOTAL COMPENSATION INCLUDES NI 401 SHOWN THE EMPLOYEE IS PARTICIPATION COMPENSATION, FOR EMPLOYEES IN CONTRIBUTION TOTALS PART II: COLUMN C PLAN OR, THE

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number

AMERICAN CIVIL LIBERTIES UNION, INC. 13-3871360 **Types of Property** (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 3 Art - Fractional interests Books and publications..... 5 Clothing and household 6 Cars and other vehicles. Boats and planes 7 8 Intellectual property 16 353,643. SALES PRICE 9 Securities - Publicly traded 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other...... 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 20 Drugs and medical supplies . . . 21 Taxidermy..... 22 Scientific specimens 23 24 Archeological artifacts 25 Other ►(26 Other ►(Other ▶(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS SHOWN ABOVE REPRESENTS THE TOTAL NUMBER OF STOCK GIFTS DURING THE YEAR.

SCHEDULE M, LINE 32B:

WE ENGAGE BROKERS, WITH EXPERTISE SELLING PROPERTY CONTRIBUTED TO THE ORGANIZATION, TO FACILITATE SALES OF NONCASH PROPERTY ON OUR BEHALF.

Schedule M (Form 990) (2022)

JSA

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

13-3871360

FORM 990, PART III, LINE 4D:

LEGAL - THE ACLU SEEKS TO IMPACT CIVIL LIBERTIES THROUGH WORK ON

LEGISLATION AT THE FEDERAL AND STATE LEVEL, AS APPROPRIATE. THE

ORGANIZATION'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON FEDERAL

AND STATE CIVIL LIBERTIES LEGISLATIVE ISSUES. UPDATES ON KEY LEGISLATIVE

ISSUES IMPACTING CIVIL LIBERTIES ARE INCLUDED IN MAIL, EMAIL, AND OTHER

COMMUNICATIONS TO ACLU MEMBERS NATIONWIDE, AS WELL AS IN PUBLIC EDUCATION

CAMPAIGNS. IN ADDITION, THE ACLU DEVELOPS POLICY RELATING TO POSITIONS ON

CIVIL LIBERTIES ISSUES.

EXPENSES \$6,656,903. INCLUDING GRANTS OF \$25,000. REVENUE \$0.

CIVIL LIBERTIES POLICY FORMULATION - THE BOARD OF DIRECTORS OF THE ACLU
WORKS THROUGH ITS STANDING AND SPECIAL COMMITTEES TO ANALYZE CIVIL
LIBERTIES ISSUES AND, WHERE APPROPRIATE, TO DEVELOP POLICIES THAT WILL
SERVE AS THE FRAME OF REFERENCE FOR LEGISLATIVE, EDUCATIONAL AND
CASE-SPECIFIC WORK AT THE NATIONAL LEVEL, AND THE ORGANIZATION IMPLEMENTS
AND ASSISTS IN THE DEVELOPMENT OF POLICY GOALS THROUGH ITS AFFILIATES.

EXPENSES \$1,244,414. INCLUDING GRANTS OF \$75,000. REVENUE \$0.

FORM 990, PART VI, SECTION A, LINE 1A:

UNDER THE ACLU BYLAWS AND BOARD POLICY, THE ACLU EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE ORGANIZATION,

INCLUDING HIRING OF THE EXECUTIVE DIRECTOR AND THE ORGANIZATION'S ANNUAL

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-3871360

AMERICAN CIVIL LIBERTIES UNION, INC.

BUDGET. ONE EXCEPTION IS THE ADOPTION OF SUBSTANTIVE CIVIL LIBERTIES

POLICIES WHICH THE EXECUTIVE COMMITTEE MAY DO ONLY IF AN EXIGENCY ARISES

BETWEEN MEETINGS, AND THE BOARD MAY OVERTURN THOSE BY A MAJORITY VOTE AT

ITS NEXT MEETING. ALL OTHER ACTIONS DELEGATED TO THE EXECUTIVE COMMITTEE

MAY BE OVERTURNED BY A TWO-THIRDS VOTE OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 6 & 7A:

THE BOARD MEMBERS OF THE ORGANIZATION'S 50 AFFILIATES, THE "AFFILIATE VOTING MEMBERS," ARE ELECTORS, ALONG WITH THE ORGANIZATION'S BOARD MEMBERS, IN THE ELECTION OF CERTAIN MEMBERS TO THE ORGANIZATION'S BOARD, AND EACH AFFILIATE APPOINTS ONE BOARD MEMBER TO THE NATIONAL ORGANIZATION'S BOARD. THE NATIONAL ORGANIZATION'S GENERAL MEMBERS PARTICIPATE IN THE ELECTION OF THE BOARD MEMBERS OF THE ORGANIZATION'S AFFILIATES. FIFTY GENERAL MEMBERS MAY ALSO (I) PETITION THE BOARD TO AMEND ITS BYLAWS, WHICH PETITION MUST BE CONSIDERED BY THE ORGANIZATION'S BOARD AND (II) NOMINATE INDIVIDUALS TO RUN FOR THE ORGANIZATION'S BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD MEMBERS OF THE ORGANIZATION'S 50 AFFILIATES, THE "AFFILIATE VOTING MEMBERS," ARE ELECTORS, ALONG WITH THE ORGANIZATION'S BOARD MEMBERS, IN THE ELECTION OF CERTAIN MEMBERS TO THE ORGANIZATION'S BOARD, AND EACH AFFILIATE APPOINTS ONE BOARD MEMBER TO THE NATIONAL ORGANIZATION'S BOARD. THE NATIONAL ORGANIZATION'S GENERAL MEMBERS PARTICIPATE IN THE ELECTION OF THE BOARD MEMBERS OF THE ORGANIZATION'S AFFILIATES. FIFTY GENERAL MEMBERS MAY ALSO (I) PETITION THE BOARD TO

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

AMERICAN CIVIL LIBERTIES UNION, INC.

13-3871360

AMEND ITS BYLAWS, WHICH PETITION MUST BE CONSIDERED BY THE ORGANIZATION'S BOARD AND (II) NOMINATE INDIVIDUALS TO RUN FOR THE ORGANIZATION'S BOARD. THE ORGANIZATION'S AFFILIATE VOTING MEMBERS HAVE THE RIGHT TO VOTE, PUT MATTERS ON THE BOARD'S AGENDA FOR CONSIDERATION, AND TO APPROVE CERTAIN CHANGES TO THE ORGANIZATION'S BYLAWS AND VOTE TO OVERTURN A DECISION OF THE ORGANIZATION'S BOARD THAT IS SUBMITTED TO THE AFFILIATE VOTING MEMBERS FOR A VOTE BY PETITION OF THE ORGANIZATION'S AFFILIATES. UNDER D.C. LAW, THE AFFILIATE VOTING MEMBERS HAVE THE RIGHT TO APPROVE A DECISION BY THE BOARD TO DISSOLVE, MERGE/CONSOLIDATE WITH ANOTHER ORGANIZATION OR DISPOSE OR MORTGAGE ALL OR SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY MANAGEMENT IN CONSULTATION WITH THE ORGANIZATION'S OUTSIDE ACCOUNTANTS. THE ORGANIZATION'S AUDIT COMMITTEE REVIEWED A DRAFT OF THE 990 AND PROVIDED COMMENTS. A COMPLETE COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION DISTRIBUTES ITS CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS TO EVERY KEY EMPLOYEE, OFFICER, BOARD DIRECTOR AND STANDING

COMMITTEE MEMBER AND REQUESTS DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE CHIEF OPERATING OFFICER OF THE ORGANIZATION REVIEWS ANY DISCLOSURES MADE DURING THIS ANNUAL REVIEW. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A BOARD MEMBER, AN OFFICER OR A

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service
Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection is at www.irs.gov/form990.

AMERICAN CIVIL LIBERTIES UNION, INC.

13-3871360

STANDING COMMITTEE MEMBER, HE REFERS THE MATTER TO THE BOARD PRESIDENT AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY. IF A MATTER IS RAISED THAT MAY BE A CONFLICT OF INTEREST INVOLVING A KEY EMPLOYEE, HE REFERS THE MATTER TO THE EXECUTIVE DIRECTOR OR HIS DESIGNEE AND APPROPRIATE FOLLOW UP IS UNDERTAKEN AS SET FORTH IN THE POLICY. BOARD DIRECTORS, OFFICERS, STANDING COMMITTEE MEMBERS AND KEY EMPLOYEES ALSO MAY REPORT TO THE BOARD ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES, AMONG OTHER THINGS, THAT INDIVIDUALS WITH CONFLICTS OF INTEREST WITH RESPECT TO A TRANSACTION OR ACTION MAY NOT PARTICIPATE IN THE DECISION-MAKING WITH RESPECT TO THAT TRANSACTION OR ACTION AND IN SOME CIRCUMSTANCES MAY NOT PARTICIPATE IN THE DISCUSSION.

FORM 990, PART VI, SECTION B, LINE 15:

ON AN ANNUAL BASIS, A COMMITTEE OF THE BOARD OF THE ORGANIZATION

ESTABLISHES THE EXECUTIVE DIRECTOR/CEO'S COMPENSATION, AND THE AUDIT

COMMITTEE APPROVES THE COMPENSATION OF ALL OTHER KEY EMPLOYEES, AS

RECOMMENDED BY THE EXECUTIVE DIRECTOR/CEO. NO MEMBER OF EITHER COMMITTEE

HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT.

EACH COMMITTEE REVIEWS COMPENSATION STUDIES AND COMPARABLE COMPENSATION

DATA FOR FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED

ORGANIZATIONS. EACH COMMITTEE CONTEMPORANEOUSLY DOCUMENTS AND RECORDS, IN

ITS MINUTES, ITS DELIBERATIONS AND DECISIONS. NO ACLU OFFICER RECEIVES

COMPENSATION IN THEIR CAPACITY AS A DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number

AMERICAN CIVIL LIBERTIES UNION, INC. 13-3871360

REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART VII, SECTION A, LINE LA, COLUMN B:

THE NUMBER OF HOURS REPORTED FOR THOSE INDIVIDUALS RECEIVING COMPENSATION
IS BASED ON WEEKLY HOURS FOR PAYROLL PURPOSES. THE ACTUAL NUMBER OF HOURS
WORKED IS CONSIDERABLY HIGHER.

FORM 990, PART XI, LINE 9:

MINIMUM PENSION LIABILITY ADJUSTMENT:	\$3,875,452.
RECOGNITION OF AFFILIATES' SHARE OF	
MINIMUM PENSION LIABILITY ADJUSTMENT:	\$2,375,382.
NET PERIODIC COST OTHER THAN SERVICE COST:	\$1,797,431.
LOSS ON UNCOLLECTIBLE PLEDGES:	(\$1,121,385).
TOTAL OTHER CHANGES IN NET ASSETS:	\$6,926,880

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AS NOTED IN ITS ARTICLES OF INCORPORATION, THE MISSION OF THE ACLU IS "TO MAINTAIN AND ADVANCE CIVIL LIBERTIES, INCLUDING, WITHOUT LIMITATION, THE FREEDOMS OF ASSOCIATION, PRESS, RELIGION AND SPEECH, AND THE RIGHTS TO THE FRANCHISE, TO DUE PROCESS OF LAW, AND TO EQUAL PROTECTION OF THE LAWS FOR ALL PEOPLE THROUGHOUT THE U.S. AND ITS JURISDICTIONS. THE ACLU'S OBJECTS SHALL BE SOUGHT WHOLLY WITHOUT POLITICAL PARTISANSHIP." THE ACLU TODAY REMAINS FOCUSED ON THE OVERARCHING GOALS SET BY ITS FOUNDERS MORE THAN 100 YRS AGO, SERVING AS THE NATION'S GUARDIAN OF LIBERTY, WORKING DAILY IN COURTS, LEGISLATURES AND COMMUNITIES TO DEFEND AND PRESERVE THE INDIVIDUAL RIGHTS AND LIBERTIES THAT THE CONSTITUTION AND LAWS OF THE US GUARANTEE. THE ACLU ALSO WORKS TO EXTEND RIGHTS TO SEGMENTS OF THE POPULATION THAT HAVE TRADITIONALLY BEEN DENIED THEIR RIGHTS, INCLUDING PEOPLE OF COLOR; WOMEN; LESBIANS, GAY MEN, BISEXUALS AND TRANSGENDER AND GENDER NONBINARY PEOPLE; PRISONERS; AND PERSONS WITH DISABILITIES.

Name of the organization AMERICAN CIVIL LIBERTIES UNION, INC. Employer identification number

13-3871360

FORM 990, PART III - PROGRAM SERVICE _____

LINE 4A, PROGRAM SERVICE

AFFILIATE SUPPORT - THE ACLU HAS AN AFFILIATE OR CHAPTER IN EVERY STATE AND IN THE DISTRICT OF COLUMBIA AND PUERTO RICO. AFFILIATES HANDLE REQUESTS FOR LEGAL ASSISTANCE, LOBBY STATE LEGISLATURES AND HOST EDUCATIONAL FORUMS THROUGHOUT THE YEAR. THE NATIONAL ACLU COORDINATES FUNDRAISING EFFORTS WITH ITS AFFILIATES AND SHARES THE PROCEEDS OF FUNDRAISING EFFORTS WITH AFFILIATES IN ACCORDANCE WITH A DETAILED POLICY. THROUGH ITS AFFILIATE SUPPORT AND NATIONWIDE INITIATIVES (ASNI) DEPARTMENT, THE NATIONAL ACLU PROVIDES GRANTS AND SUPPORT TO AFFILIATES ON SPECIFIC INITIATIVES AND PROJECTS THAT HAVE BEEN IDENTIFIED AS INVOLVING MATTERS OF BOTH LOCAL/REGIONAL AND NATIONAL SIGNIFICANCE. ASNI PROVIDES ONGOING TRAINING AND TECHNICAL ASSISTANCE TO AFFILIATES ON A VARIETY OF TOPICS OF RELEVANCE. THE \$78,951,114 OF EXPENSES INCLUDES GRANTS TO AFFILIATES, BEYOND THE \$3,274,988 GRANT, TO SUPPORT LEGISLATIVE INITIATIVES.

LINE 4B, PROGRAM SERVICE

EDUCATION - THROUGH NEWSLETTERS, ITS COMPREHENSIVE WEBSITE, ADVERTISEMENTS, OP-ED ARTICLES, MEDIA INTERVIEWS, PUBLICATIONS, SOCIAL MEDIA, AND NUMEROUS MEETINGS AND WORKSHOPS CONDUCTED IN COLLABORATION WITH ITS AFFILIATES THROUGHOUT THE US, THE ACLU PROVIDES ONGOING EDUCATION TO ITS 1,200,000 SUPPORTERS AND TO THE PUBLIC AT LARGE CONCERNING A WIDE RANGE OF CIVIL LIBERTIES ISSUES. THE ORGANIZATION'S EDUCATIONAL CAMPAIGNS EMPHASIZE FIRST AMENDMENT RIGHTS TO FREE SPEECH, ASSOCIATION AND ASSEMBLY; THE RIGHT TO EQUAL PROTECTION UNDER THE LAW; THE RIGHT TO DUE PROCESS AND TO FAIR TREATMENT WHEN THE LOSS OF LIBERTY OR PROPERTY IS AT STAKE; AND THE RIGHT TO PRIVACY AND FREEDOM FROM UNWARRANTED GOVERNMENT INTRUSION INTO PERSONAL AND PRIVATE AFFAIRS.

LINE 4C, PROGRAM SERVICE

LEGISLATIVE ADVOCACY - THE ACLU'S LEGISLATIVE ADVOCATES ARE A CONSTANT PRESENCE ON CAPITOL HILL AND IN STATE LEGISLATURES, WHERE THEY WORK TO ADDRESS CIVIL LIBERTIES ISSUES. BASED PRIMARILY IN THE ACLU'S WASHINGTON, DC OFFICE, THE ORGANIZATION'S LEGISLATIVE POLICY TEAM WORKS TO ENSURE THAT PROPOSED LEGISLATION MOVES

Schedule O (Form 990 or 990-EZ) 2022

JSA.

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

FORM 990, PART III - PROGRAM SERVICE

TOWARDS, RATHER THAN AWAY, FROM THE CIVIL LIBERTIES GOALS OF THE ORGANIZATION. WORKING IN COLLABORATION WITH STAFF FROM ACLU AFFILIATES ACROSS THE COUNTRY AND IN COALITION WITH OTHER GROUPS WITH A SHARED INTEREST IN SPECIFIC CIVIL LIBERTIES ISSUES, THE ACLU CONDUCTS RESEARCH, PUBLISHES POSITION PAPERS, HOSTS FORUMS FOR THE PUBLIC, AND MEETS WITH KEY LEGISLATORS AND MEMBERS OF THEIR STAFFS TO DISCUSS STRATEGIES TO PROTECT CIVIL LIBERTIES AND RIGHTS.

Name of the organization

AMERICAN CIVIL LIBERTIES UNION, INC.

Employer identification number

13-3871360

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,
DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA,
MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, TX, UT, WA, WV, WI,

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Name of the organization	Employer identification number	
AMERICAN CIVII, LIBERTIES UNION INC	13-3871360	

FORM 990, PART VII-COMPENSATION OF THE 5 H		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RWT PRODUCTION, LLC		
8932 ORANGE HUNT LANE	DD TMETNO CRUPT TOUTNO	11 020 000
ANNADALE, NV 22003	PRINTING&PUBLISHING	11,038,898.
BULLY PULPIT INTERACTIVE, LLC		
1145 NEW YORK AVENUE NW		
WASHINGTON, DC 20005	COMMUNICATION/BRAND	8,536,256.
NEW CANVASSING EXPERIENCE, INC.		
78 SAN MARCOS		
AUSTIN, TX 78702	PRINTING&PUBLISHING	5,746,871.
ACETON MATTERS THE		
ACTION MAILERS, INC. 90 COMMERCE DRIVE		
ASTON, PA 19014	PRINTING&PUBLISHING	5,046,748.
ASION, IA 19014	ININIINGWIODDISHING	3,040,740.
META PLATFORMS, INC.		
1601 WILLOW ROAD		
MENLO PARK, CA 94025	ADVERTISING	4,039,127.

Schedule O (Form 990 or 990-EZ) 2022

Name of the organization			Employer identification	n number
AMERICAN CIVIL LIBERTI	ES UNION, INC.		13-3871360	
FORM 990, PART IX - OTHER FER	IS			
DESCRIPTION	 (A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
DESCRIPTION		SERVICE EAF.		
MARKETING CONSULTING	8,359,306.	7,708,116.	395,395.	255,795.
MISCELLANEOUS CONSULTING	5,358,552.	4,941,342.	253,489.	163,721.
DATA ANALYTICS CONSULTING	1,912,595.	1,763,604.	90,466.	58 , 525.
TECHNOLOGY CONSULTING	1,452,991.	1,339,803.	68 , 726.	44,462.
VIDEO PROD. CONSULTING	1,300,034.	1,198,761.	61,492.	39,781.
TOTALS				
	18,383,478.	16,951,626.	869,568.	562,284.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022

Open to Public Inspection **Employer identification number**

13-3871360

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. AMERICAN CIVIL LIBERTIES UNION, Name of the organization Part I

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets (**d)** Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II 4 (9) Ξ 2 9 9

one of more related tax-exempt organizations during the tax year.	ne tax year.						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13)
						Yes	No
(1) AMERICAN CIVIL LIBERTIES UNION FDN, INC. 13-6213516							
125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	SEE PART VII	NY	501(C)(3)	LINE 7	ACLU, INC.	×	
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2022

(k) Percentage ownership art IV, (j) General or managing partner? Yes No Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? Yes No (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d)
Direct controlling | (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of related organization Part III Par 2 3 4 9 9 5 Ξ

Parl	
xable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Parl	
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or]	e related organizations treated as a corporation or trust during the tax year.
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity Com Scorp or trust)	(f) Share of total	(9) (h) (i) Share of Percentage Section (13) (13) (14) (14) (15) (14) (15) (15) (15) (15) (15) (15) (15) (15	(h) Percentage	(i) Section 512(b)(13
		country)						controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
						Schedule R (Form 990) 2022	R (Form 99	0) 2022

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes	٥ N
	lated organizations lis	ted in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity				×
			1 1	$ \times$
			-	×
				>
d Loans or loan guarantees to or for related organization(s)				4
e Loans or loan guarantees by related organization(s)			1 e	\times
f Dividends from related organization(s)			#	×
a Sale of assets to related organization(s)			19	×
			두	$ \times$
			;=	$ \times$
i Lease of facilities, equipment, or other assets to related organization(s)			- -	\times
k Lease of facilities, equipment, or other assets from related organization(s)			1k	\bowtie
			1	×
m Performance of services or membership or fundraising solicitations by related organization(s).			-T	$ \times$
			1	
			10 ×	
n Reimblirsement paid to related organization(s) for expenses			70 ×	
d Reimblirsement paid by related organization(s) for expenses			_	$ \times$
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-	
r Other transfer of cash or property to related organization(s)			1r	×
			45	$ \times$
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	s line, including covered	red relationships and transaction thresholds	action thresholds.	
	(q)	; (c)	(p)	
Name of related organization	Transaction type (a - s)	Amount involved	Method of determining amount involved	D
(1) ACLU FOUNDATION, INC.	N	1,961,518.	FTE BASED ALLOC	၁၀
(2) ACLU FOUNDATION, INC.	0	15,552,540.	FTE BASED ALLOC	S S
(3) ACTIT FOUNDAMENT INC	Δ	180 862 61	C TIES CA THE	ر
	4	0101		
(4)				
(5)				
(9)				
ASU.		Sch	Schedule R (Form 990) 2022	2022

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A income (related, unrelated, excluded from fax incles	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) General or managing partner?	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes No	(2001)	Yes No	
(1)										
(2)										
									+	
(3)										
(4)										
									+	
(5)										
(9)										
(2)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
								Schedu	ile R (For	Schedule R (Form 990) 2022

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II, LINE 1:

NAME OF RELATED TAX-EXEMPT ORGANIZATION: AMERICAN CIVIL LIBERTIES UNION

FOUNDATION, INC.

PRIMARY ACTIVITY: PRESERVATION AND PROMOTION OF CIVIL RIGHTS AND

LIBERTIES